

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005606

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: LIVE OAK LANDINGS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2255 NORTH BEACH RD  
UNIT 17  
ENGLEWOOD, FL 34223 US

**New Principal Place of Business:**

**Current Mailing Address:**

2255 NORTH BEACH RD  
ENGLEWOOD, FL 34223 US

**New Mailing Address:**

2255 NORTH BEACH RD  
C/O LIVE OAK LANDINGS CONDO ASSOC.  
ENGLEWOOD, FL 34223 US

FEI Number: 65-0765677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOLAZ, DANIEL  
2255 NORTH BEACH RD  
UNIT 17  
ENGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: SOLAZ, DANIEL  
Address: 2255 N BEACH ROAD 17  
City-St-Zip: ENGLEWOOD, FL 34223

Title: OFF ( ) Delete  
Name: JARVIS, DON  
Address: 2295 N BEACH ROAD 14  
City-St-Zip: ENGLEWOOD, FL 34223

Title: TREA ( ) Delete  
Name: AITCHISON, ALICE  
Address: 2255 N BEACH RD 16  
City-St-Zip: ENGLEWOOD, FL 34223

Title: SEC ( ) Delete  
Name: WOLFGANG, MUELLER  
Address: 2255 N BEACH RD UNIT 4  
City-St-Zip: ENGLEWOOD, FL 34223

Title: VP ( ) Delete  
Name: ORZECHOWSKI, DUANE  
Address: 2255 N BEACH RD #13  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE AITCHISON

Electronic Signature of Signing Officer or Director

TREA

04/16/2009

Date