

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725195

Entity Name: LIVE OAK VILLAGE CONDOMINIUM, INC.**Current Principal Place of Business:**SILVER SPRING SHORES
531A MIDWAY DR.
OCALA, FL 34472**Current Mailing Address:**2102 SW 20TH PLACE
SUITE 402
OCALA, FL 34471 US**FEI Number:** 59-1525238**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOSSHARDT PROPERTY MANAGEMENT, LLC
2102 SW 20TH PLACE
SUITE 402
OCALA, FL 34471 US*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

Officer/Director Detail :

Title	P	Title	VP
Name	ROBERTSON, WILLIAM	Name	MOORE, PAT
Address	2102 SW 20TH PLACE SUITE #402	Address	2102 SW 20TH PLACE SUITE #402
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	D	Title	DIR
Name	CASTANO, MARIE	Name	FLANAGAN, TOM
Address	2102 SW 20TH PLACE SUITE #402	Address	2102 SW 20TH PLACE SUITE 402
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	TREASURER	Title	SECRETARY
Name	ANDERSON, HARRY	Name	SMITH, JON
Address	2102 SW 20TH PLACE SUITE 402	Address	2102 S. W. 20 PLACE SUITE #402
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	DIRECTOR		
Name	SCHAUT, RAYMOND		
Address	2102 S. W. 20 PLACE SUITE #402		
City-State-Zip:	OCALA FL 34471		

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM ROBERTSON**PRESIDENT****01/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date