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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **742000** **(3)**

1. Corporation Name

LIBERTY SQUARE CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
407 WEKIVA SPRINGS RD. SUITE 213 LONGWOOD FL 32779	407 WEKIVA SPRINGS RD. SUITE 213 LONGWOOD FL 32779

3. Date Incorporated or Qualified: 03/15/1978

4. FEI Number: 59-1982478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 52 E. South STreet	26 52 E. South Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando, Fl	28 City & State: Orlando, Fl
24 Zip: 32801 / 25 Country: Orange	29 Zip: 32801 / 30 Country: Orange

9. Name and Address of Current Registered Agent

LEIBMAN, ROBIN
REGENCY PROFESSIONAL MANAGEMENT, INC.
407 WEKIVA SPRINGS ROAD-SUITE 213
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: Don Asher & Associates, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 52 E. South Street
84 City: Orlando, FL 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE 4/6/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EASTIN, PHYLLIS 1714 TOWNHALL LANE ORLANDO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PHIPPS, GINGER 1711 CORNWALLIS CT. ORLANDO FL 32807	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MOUNTS, RON 1708 TOWNHALL LANE ORLANDO FL 32807	■ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PROFFITT, GEORGE 1838 TOWNHALL LANE ORLANDO FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHIFER, 1860 TOWNHALL LANE ORLANDO FL 32807	■ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Grace Leo 1724 Townhall Ln. Orlando, FL 32807	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZOPETTI, STACI 1807 TOWNHALL LANE ORLANDO FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	S Staci Zopetti 1807 Townhall Ln. Orlando, FL 32807	■ Change ☐ Addition

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Phyllis Eastin Phyllis Eastin 4/6/98 (407) 425-4561