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May 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742000

1. Corporation Name

LIBERTY SQUARE CONDOMINIUM, INC.

Principal Place of Business

52 E. SOUTH STREET
 SUITE 213
 ORLANDO FL 32801
 US

Mailing Address

52 E. SOUTH STREET
 SUITE 213
 ORLANDO FL 32801
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/15/1978
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1982478
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DON ASHER & ASSOCIATES
 52 E. SOUTH ST
 407 WEKIVA SPRINGS ROAD-SUITE 213
 ORLANDO FL 32801

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	TD ☒ Change ☐ Addition
NAME	EASTIN, PHYLLIS	1.2 NAME	EASTIN, PHYLLIS
STREET ADDRESS	1714 TOWNHALL LANE	1.3 STREET ADDRESS	1714 TOWNHALL LANE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	VD ☐ DELETE	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	PHIPPS, GINGER	2.2 NAME	PHIPPS, GINGER
STREET ADDRESS	1711 CORNWALLIS CT.	2.3 STREET ADDRESS	1711 CORNWALLIS COURT
CITY-ST-ZIP	ORLANDO FL 32807	2.4 CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	D ☐ DELETE	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	LEO, GRACE	3.2 NAME	LEO, GRACE
STREET ADDRESS	1724 TOWNHALL LN	3.3 STREET ADDRESS	1724 TOWNHALL LANE
CITY-ST-ZIP	ORLANDO FL 32807	3.4 CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PHIFER,	4.2 NAME	
STREET ADDRESS	1860 TOWNHALL LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	4.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ZOPETTI, STACI	5.2 NAME	
STREET ADDRESS	1807 TOWNHALL LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 407-647-6153
 Date Daytime Phone #

CR2E037 (11/98)