2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90391 031 ****61.25

DOCUMENT # 742000

1. Entity Name

LIBERTY SQUARE CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
190 N WESTMONTE DRIVE 100 ALTAMONTE SPRINGS FL 32714 US	190 N WESTMONTE DRIVE 100 ALTAMONTE SPRINGS FL 32714 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMPBELL, MARILYN 190 N WESTMONTE DRIVE SUITE 100 ALTAMONTE SPRINGS FL 32714	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDONNELL, PATRICIA 1707 BUNKERHILL CT ORLANDO FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D WOLFORD, JOYCE 1744 LAFAYETTE COURT ORLANDO FL 32807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOUNTS, RONALD L 1708 TOWNHALL LANE ORLANDO FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SINGER, RONNIE 1853 OXALIS AVENUE ORLANDO FL 32807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLATIN, MAGDALENA 1814 VICKSBURG WAY ORLANDO FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V mcDonnell, patricia 1707 Bunkerhill Ct. Orlando, FL 32807	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STETLER, EVELYN 1716 TOWNHALL LANE ORLANDO FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D STETLER EVELYN 1716 TOWNHALL LANE ORLANDO FL 32807	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JANSA, JULIE ANN 1721 LAFRYETTE CT ORLANDO FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MEYER, KAREN 1724 TOWNHALL LANE ORLANDO FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #