2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90132 038 ****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

01312005 Chg-NP CR2E037 (10/03)

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

CAMPBELL, MARILYN
190 N WESTMONTE DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCCLURE, KATHLEEN 1719 CORNWELLIS CT. ORLANDO, FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLAUDIO GONZALEZ 1802 VICKSBURG WAY ORLANDO FL 32807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTD WATERS, PATRICIA 1720 BUNKERHILL CT ORLANDO, FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOB WADEK 1858 TOWNHALL LANE ORLANDO FL 32807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACEMBER, RUSSELL 1712 TOWNHALL LANE ORLANDO, FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROLENE HUNTER 1708 BUNKERHILL CT. ORLANDO FL 32807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDD STETLER, EVELYN 1716 TOWNHALL LANE ORLANDO, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STETLER, EVELYN	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SANFORD, JULIE ANN J 1722 LAFAYETTE CT. ORLANDO, FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELDA BENNETT 1810 VICKSBURG WAY ORLANDO FL 32807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PHIPPS, GINGER 1711 CORNWALLIS CT. ORLANDO, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PHIPPS, GINGER	☒ Change ☐ Addition

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: Robert Wadek PD 4/21/05 407-466-6667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT WADEK