

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90208 031 ****61.25

DOCUMENT # 742000 1. Entity Name LIBERTY SQUARE CONDOMINIUM, INC.					
Principal Place of Business 190 N WESTMONTE DRIVE 100 ALTAMONTE SPRINGS, FL 32714 US			Mailing Address 190 N WESTMONTE DRIVE 100 ALTAMONTE SPRINGS, FL 32714 US		
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)					
Filing Fee is \$61.25 Due by May 1, 2006		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	VD	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	GONZALEZ, CLAUDIO		NAME	Raffel, Gregory	
STREET ADDRESS	1802 VICKSBORG WAY		STREET ADDRESS	1707 Bunkerhill Ct	
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP	Orlando, FL 32807	
TITLE	PD	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	WADEK, BOB		NAME	McClure, Kathleen	
STREET ADDRESS	1858 TOWNHALL LANE		STREET ADDRESS	1719 Cornwallis Ct	
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP	Orlando, FL 32807	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	HUNTER, ROLENE		NAME	Wadeck, Barbara	
STREET ADDRESS	1708 BUNKERHILL CT		STREET ADDRESS	1858 Townhall Lane	
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP	Orlando, FL 32807	
TITLE	SD	☐ Delete	TITLE	V/S/D	☒ Change ☐ Addition
NAME	STETLER, EVELYN		NAME	Stetler, Evelyn	
STREET ADDRESS	1716 TOWNHALL LANE		STREET ADDRESS	1716 Townhall Lane	
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP	Orlando, FL 32807	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	BENNETT, NELDA		NAME		
STREET ADDRESS	1810 VICKSBURG WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PHIPPS, GINGER		NAME		
STREET ADDRESS	1711 CORNWALLIS CT.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **EVELYN STETLER 3-25-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #