2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90151 029 ****61.25

DOCUMENT # 742000

1. Entity Name
LIBERTY SQUARE CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
% ATTWOOD-PHILLI;S INC. 1350 ORANGE AVE. SUITE 100 WINTER PARK, FL 32789 US	% ATTWOOD-PHILLI;S INC. 1350 ORANGE AVE. SUITE 100 WINTER PARK, FL 32789 US

04012008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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
WEAN & MALCHOW, PA 646 E COLONIAL DR ORLANDO, FL 32803	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, 2008

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	D RAFFEL, GREGORY 1707 BUNKERHILLCT ORLANDO, FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHARLENE KEEGAN 1724 BUNKERHILL CT ORLANDO FL 32807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VEGA YOLANDA 1741 BUNKERHILL CT ORLANDO, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATHLEEN McCLURE 1719 CORNWALLIS CT ORLANDO FL 32807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STELTER, EVELYN 1716 TOWNHALL LN ORLANDO, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONNIE SINGER 2802 CURRYWOODS DR ORLANDO FL 32822	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD STETLER, EVELYN 1716 TOWNHALL LN ORLANDO, FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIEL DEGARMO 1861 OXALIS AVE ORLANDO FL 32822	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PHIPPS, GINGER 1711 CORNWALLIS CT. ORLANDO, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERRY DISTEPHANO 1723 CORNWALLIS CT ORLANDO FL 32822	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WADEK, BARBARA 1858 TOWNHALL LN ORLANDO, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Yolanda Vega Kelly 4/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #