

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90191 040 ****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

4. FEI Number **59-1982478**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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

FILE NOW: FEE IS \$61.25

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 **V** ☐ Delete
NAME **MCDONNELL, PATRICIA**
STREET ADDRESS **1707 BUNKERHILL CT**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **TD** ☐ Change ☒ Addition
NAME **HUNTER, ROLENE**
STREET ADDRESS **1708 BUNKERHILL CT**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **D** ☒ Delete
NAME **WOLFORD, JOYCE**
STREET ADDRESS **1744 LAFAYETTE COURT**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **D** ☐ Change ☒ Addition
NAME **WATERS, PATRICIA**
STREET ADDRESS **1720 BUNKERHILL CT**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **D** ☒ Delete
NAME **PLATIN, MAGDALENA**
STREET ADDRESS **1844 VICKSBURG WAY**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **D** ☐ Change ☒ Addition
NAME **BENNETT, NELDA**
STREET ADDRESS **1810 VICKSBURG WAY**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **PD** ☐ Delete
NAME **STETLER, EVELYN**
STREET ADDRESS **1716 TOWNHALL LANE**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **D** ☐ Change ☒ Addition
NAME **PLATIN, FERNANDO**
STREET ADDRESS **278 APENNINE PL.**
CITY-ST-ZIP **LAS VEGAS NV 89138**

TITLE **S** ☐ Delete
NAME **SINGER, RONNIE**
STREET ADDRESS **1853 OXALIS AVENUE**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **MEYER, KAREN**
STREET ADDRESS **1724 TOWNHALL LANE**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *President*

4-15-03 407-862-2250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)