

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007352

FILED
Apr 17, 2009
Secretary of State

Entity Name: LIBERTY LANE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10045 S FEDERAL HWY
PORT ST LUCIE, FL 34952

New Principal Place of Business:

10045 S. FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952

Current Mailing Address:

10045 S FEDERAL HWY
PORT ST LUCIE, FL 34952

New Mailing Address:

10045 S. FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952

FEI Number: 54-2087018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: FARRELL, STEPHEN C
Address: 8 MINUTE MAN LN
City-St-Zip: LEXINGTON, MA 02421

Title: T () Delete
Name: CLOUTIER, SHANNON K
Address: 701 EDGEWATER DR., STE 360
City-St-Zip: WAKEFIELD, MA 01880

Title: S (X) Delete
Name: ANDERSON, DEVIN J
Address: 115 BEACH ST
City-St-Zip: WAKEFIELD, MA 02093

Title: D (X) Delete
Name: MCKENZIE, PETER
Address: 10045 S FEDERAL HWY
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONES, KEITH
Address: 10045 S. FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ST (X) Change () Addition
Name: STARR, JONATHAN
Address: 10045 S. FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE LOUIS

POA

04/17/2009

Electronic Signature of Signing Officer or Director

Date