

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90031 022 \*\*\*\*61.25

<b>DOCUMENT # N06000006216</b>					
<b>1. Entity Name</b> LIBERTY PARK AT AVE MARIA NEIGHBORHOOD ASSOCIATION, INC.					
<b>Principal Place of Business</b> 9240 ESTERO PARK COMMONS BLVD. ESTERO, FL 33928			<b>Mailing Address</b> 9240 ESTERO PARK COMMONS BLVD. ESTERO, FL 33928		
<b>2. Principal Place of Business - No P.O. Box #</b> C/O Intergrated Property Mgmt.		<b>3. Mailing Address</b> C/O Intergrated Property Mgmt.			
Suite, Apt. #, etc. 3435 10th Street N. #201		Suite, Apt. #, etc. 3435 10th Street N. #201			
City & State Naples, FL		City & State Naples, FL			
Zip 34103	Country		Zip 34103	Country	
<b>6. Name and Address of Current Registered Agent</b>  STACKHOUSE, EDWIN D 9240 ESTERO PARK COMMONS BLVD. ESTERO, FL 33928			<b>7. Name and Address of New Registered Agent</b> Name: C/O Intergrated Property Mgmt. Street Address (P.O. Box Number is Not Acceptable): 3435 10th Street N. #201 City: Naples, FL 34103 <b>FL</b> Zip Code:		
<b>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.</b>					
SIGNATURE: <small>Signature, good for printed name of registered agent and title if applicable.</small>		J. Murphy <small>(NOTE: Registered Agent signature required when reinstating)</small>		3/20/08 <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PD STACKHOUSE, EDWIN D <input checked="" type="checkbox"/> Delete 9240 ESTERO PARK COMMONS BLVD. ESTERO, FL 33928		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brooks, Scott % Pulte Home- 9240 Estero Park Com. Blvd. Estero, FL 33928	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DVP <input checked="" type="checkbox"/> Delete MEEKS, W. MICHAEL 9240 ESTERO PARK COMMONS BLVD. ESTERO, FL 33928		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hasty, Chris 9240 Estero Park Commons Blvd. Estero, FL 33928	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PST <input type="checkbox"/> Delete RAY, LAURA 9240 ESTERO PARK COMMONS BLVD. ESTERO, FL 33928		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/22/08 239-495-4802 <small>Date Daytime Phone #</small>		