FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/05/95--01010--004
*****25.00 *****25.00

800001476728
-05/05/95--01010--003
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 692560 (6)

1. Corporation Name
LIBERTY RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 124 WOODVILLE FL 32362-0124	PO BOX 124 WOODVILLE FL 32362-0124

3. Date Incorporated or Qualified: 06/30/1981
3a. Date of Last Report: 09/27/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt #, etc — 22:
Suite, Apt #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
County — 25:
Zip — 29:
County — 30:

4. FEI Number: 59-3053275 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TRIGG, LINDA L
9145 WARBLER ST.
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name: HARRIS, WILLIAM D.
82 Street Address (P.O. Box Number is Not Acceptable): 9000 WARBLER ST
83:
84 City: TALLAHASSEE FL 85 Zip Code: 32310

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William D. Harris — WILLIAM D. HARRIS PRESIDENT — 4/25/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition PTD
NAME	HUSSEY, JOLYN	12 NAME	HARRIS, WILLIAM D.
STREET ADDRESS	9133 WARBLER	13 STREET ADDRESS	9000 WARBLER STREET
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	TALLAHASSEE FL 32310
TITLE	VD	21 TITLE	☒ Change ☐ Addition VD
NAME	BEAR, HOWIE	22 NAME	HUSSEY, JULYN
STREET ADDRESS	8824 FREEDOM RD	23 STREET ADDRESS	9133 WARBLER ST TALLAHASSEE FL
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☒ Change ☐ Addition SD
NAME	TRIGG, LINDA	32 NAME	GAUTIER, ADDRIENNE
STREET ADDRESS	9145 WARBLER ST.	33 STREET ADDRESS	8824 FREEDOM RD
CITY ST ZIP	TALLAHASSEE FL	34 CITY ST ZIP	TALLAHASSEE, FL
TITLE	DS	41 TITLE	☒ Change ☐ Addition D
NAME	DWINELL, STEVEN	42 NAME	SMITH, ARTHUR
STREET ADDRESS	8824-B FIEEDOM RD	43 STREET ADDRESS	9167 WARBLER ST TALLAHASSEE FL
CITY ST ZIP	TALLAHASSEE FL	44 CITY ST ZIP	
TITLE		51 TITLE	☒ Change ☐ Addition D
NAME		52 NAME	GEDFORD, ROGER
STREET ADDRESS		53 STREET ADDRESS	8697 freedom rd
CITY ST ZIP		54 CITY ST ZIP	TALLAHASSEE FL 32310
TITLE		61 TITLE	☒ Change ☐ Addition D
NAME		62 NAME	FRAZIER, LUSIOUS
STREET ADDRESS		63 STREET ADDRESS	8714 FREEDOM RD
CITY ST ZIP		64 CITY ST ZIP	TALLAHASSEE FL 32310

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William D. Harris — 4/25/95 — (904) 421-6029
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — DATE — Daytime Phone Number

0410002 FP