

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 692560 (6)
 1. Corporation Name
LIBERTY RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business PO BOX 124 WOODVILLE FL 32362-0124	Mailing Address PO BOX 124 WOODVILLE FL 32362-0124
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1981	3a. Date of Last Report 02/19/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3053275		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HARRIS, WILLIAM D 9000 WARBLER ST. TALLAHASSEE FL 32310		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		FL	85 Zip Code

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: William D. Harris **WILLIAM D. HARRIS** **Treasurer** **4/15/97**
(Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, WILLIAM D.	1.2 NAME	
STREET ADDRESS	9000 WARBLER ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32310	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY, JULYN	2.2 NAME	
STREET ADDRESS	9133 WARBLER ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32310	2.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAUTIER, ADDRIENNE	3.2 NAME	BURN HAM, CASSANDRA SUB
STREET ADDRESS	8824 FREEDOM RD.	3.3 STREET ADDRESS	8842 FLICKER ROAD
CITY - ST - ZIP	TALLAHASSEE FL 32310	3.4 CITY - ST - ZIP	TALLAHASSEE, FL 32310
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ARTHUR	4.2 NAME	ROHR, HARRY
STREET ADDRESS	9167 WARBLER ST.	4.3 STREET ADDRESS	981 SORA RD
CITY - ST - ZIP	TALLAHASSEE FL 32310	4.4 CITY - ST - ZIP	TALLAHASSEE, FL 32310
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY, TRAVIS	5.2 NAME	
STREET ADDRESS	9133 WARBLER STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 **WILLIAM D. HARRIS** **4/15/97** **(904) 421-6029**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)