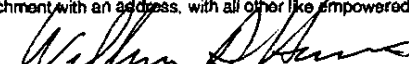


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

04-28-2004 90236 038 ***150.00

DOCUMENT # 692560					
1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3053275	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, WILLIAM D 9000 WARBLER ST. TALLAHASSEE, FL 32310					
7. Name and Address of New Registered Agent 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:  DATE: 5/31/04 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, WILLIAM D. 9000 WARBLER ST. TALLAHASSEE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUSSEY, JULYN 9133 WARBLER ST. TALLAHASSEE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROHR, HARRY 931 SORA RD TALLAHASSEE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, JOSEPH E 8620 BUNTING RD. TALLAHASSEE, FL 32305	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNHAM, GEOFFREY 8842 FLICKER RD. TALLAHASSEE, FL 32305	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANNY, WOODROW 9121 WARBLER ST TALLAHASSEE, FL 32305	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
(Empty)					
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 607, 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:  DATE: 5/31/04 DAYTIME PHONE: 850-322-4054 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66426065



04262004 Chg-P CR2E034 (10/03)