2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2006 8:00 am Secretary of State

04-18-2006 90070 011 ****61.25

400---

DOCUMENT # N01000003108

1. Entity Name LIBERTY PARK AT SOUTHCENTER OWNER'S ASSOCIATION, INC.



Principal Place of Business 2400 LAKE ORANGE DRIVE SUITE 110 ORLANDO, FL 32837 Mailing Address

2400 LAKE ORANGE DRIVE SUITE 110 ORLANDO, FL 32837

2. Principat P	ace of Business	3. Mailing Address				 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03242006	Chg-NP C	R2E037	(11/05)		
City & State		City & State			4. FEI Number 02-06424	439		_ 	plied For	
Žip	Country	Zip		Country	5. Certificate of	f Status Desired [8.75 Add		
	6. Name and Address of Current		7. Name and Address of New Registered Agent							
CORPORATION SERVICE COMPANY				Name	Name					
1201 HAYS STREET TALLAHASSEE, FL 32301			Str		eet Address (P.O. Box Number is Not Acceptable)					
; · · ·			City	,		FL	Zip Code	9		
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE										
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRE				CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAUNTON, JACKSON 2400 LAKE ORANGE DRIVE SU ORLANDO, FL 32837	ITE 110	□ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			[☐ Change	Addition	
IITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATSON, TODD 2400 LAKE ORANGE DRIVE SU ORLANDO, FL 32837	ITE 110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITLEY, STEPHEN -2400 ŁAKE-ORANGE DRIVE ORLANDO, FL 32837		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C	_ Change	Addition	

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Watson

April 7, 2006

(407) 447-1776

Daytime Phone #