

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-11-2008 90041 037 \*\*\*\*70.00

|                                                                                                                                                                                                                               |                                                                              |                                                                                     |                                                       |                                                                                                                                                                                                 |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N01000003717</b><br>1. Entity Name<br><b>LIBERTY SQUARE PROPERTY OWNERS' ASSOCIATION, INC.</b>                                                                                                                  |                                                                              |                                                                                     |                                                       |                                                                                                                |                                                                              |
| Principal Place of Business<br><b>5830 SCOTT LAKE HILLS LANE<br/>LAKELAND FL 33813</b>                                                                                                                                        |                                                                              | Mailing Address<br><b>5830 SCOTT LAKE HILLS LANE<br/>LAKELAND FL 33813</b>          |                                                       |                                                                                                                                                                                                 |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                         |                                                                              | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                       | 4. FEI Number<br><b>59-3719358</b>                                                                                                                                                              |                                                                              |
| City & State<br>Zip                                                                                                                                                                                                           |                                                                              | City & State<br>Zip                                                                 |                                                       | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                      |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>MARTIN, E. SNOW JR.<br/>200 LAKE MORTON DR.<br/>LAKELAND FL 33801</b>                                                                                                   |                                                                              |                                                                                     |                                                       | 7. Name and Address of New Registered Agent<br>Name <b>David Marichal</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>2035 Athenia Way</b><br>City <b>Lakeland</b> FL <b>33813</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. |                                                                              |                                                                                     |                                                       |                                                                                                                                                                                                 |                                                                              |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is not used when reinstating)</small>                                              |                                                                              |                                                                                     |                                                       |                                                                                                                                                                                                 |                                                                              |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2008</b>                                                                                                                                                                  |                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                       | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                              |                                                                              |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                      |                                                                              |                                                                                     |                                                       |                                                                                                                                                                                                 |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                              |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | PTD<br>HUNT, CHARLES N JR<br>5830 SCOTT LAKE HILLS LANE<br>LAKELAND FL 33813 | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | Larry Peterson<br>2075 Athenia Way<br>Lakeland, FL 33813                                                                                                                                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | VSD<br>HUNT, ALICE A<br>5830 SCOTT LAKE HILLS LANE<br>LAKELAND FL 33813      | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | DAVID MARICHAL<br>2035 Athenia Way<br>Lakeland, FL 33813                                                                                                                                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | _____<br>_____<br>_____<br>_____                                             | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | _____<br>_____<br>_____<br>_____                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | _____<br>_____<br>_____<br>_____                                             | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | _____<br>_____<br>_____<br>_____                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | _____<br>_____<br>_____<br>_____                                             | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | _____<br>_____<br>_____<br>_____                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**SIGNATURE:** Alice Hunt 3/31/08 863-647-2023

648-4829