

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001798

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** LIBERTY ISLES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O KINGS MANAGEMENT SERVICE, INC  
13682 SANDS RIDGE RD.  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KINGS MANAGEMENT SERVICES, INC.  
PO BOX 32248  
PALM BEACH GARDENS, FL 33420

**New Mailing Address:**

**FEI Number:** 54-2084711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILLEY & WYANT-CORTEZ, P.A.  
860 US HWY 1 STE 108  
N PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOBBY, SIMEONE  
Address: P.O. BOX 32248  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: D  
Name: WILLIAMS, DORTHY  
Address: PO BOX 32248  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: S  
Name: MCDONALD, KEVIN  
Address: P.O. BOX 32248  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: T  
Name: FEARON, LISA  
Address: P.O. BOX 32248  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: VP  
Name: WALKER, TEQUILA  
Address: P.O. BOX 32248  
City-St-Zip: PALM BEACH GARDENS, FL 33420

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE KING

MGR

02/16/2010

Electronic Signature of Signing Officer or Director

Date