2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001798

FILED Feb 14, 2011 Secretary of State

Entity Name: LIBERTY ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

3400 CELEBRATION BLVD WEST PALM BEACH, FL 33411

Current Mailing Address:

New Mailing Address:

C/O KINGS MANAGEMENT SERVICES, INC. PO BOX 32248 PALM BEACH GARDENS, FL 33420 C/O KINGS MANAGEMENT SERVICES, INC. 1224 US HIGHWAY ONE, SUITE H NORTH PALM BEACH, FL 33408

FEI Number: 54-2084711 FEI Number Applied For ()

FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALLIANCE CAS, LLC 1000 E. HALLANDALE BEACH BLVD STE B-20 HALLANDALE BEACH, FL 33009 US

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: F

Name: BOBBY, SIMEONE Address: P.O. BOX 32248

City-St-Zip: PALM BEACH GARDENS, FL 33420

Title:

Name: WILLIAMS, DORTHY Address: PO BOX 32248

City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: ST

Name: MCDONALD, KEVIN Address: P.O. BOX 32248

City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: [

Name: BETANCOURT, HECTOR

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 MGMT 02/14/2011