2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N03000006284

Entity Name: LIBERTY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1978 US 1
SUITE 106
ROCKLEDGE, FL 32955

New Principal Place of Business:

CENTENNIAL WAY
ROCKLEDGE, FL 32955

Current Mailing Address:

1978 US 1
SUITE 106
ROCKLEDGE, FL 32955

New Mailing Address:

1337 CENTENNIAL WAY
ROCKLEDGE, FL 32955

FEI Number: 26-0647901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADVANCED PROPERTY MANAGEMENT
1978 US 1
SUITE 106
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

O'BRIEN, TIMOTHY L
1337 CENTENNIAL WAY
ROCKLEDGE, FL 32955 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: TIMOTHY L. O'BRIEN 01/12/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RAHAL, NICK N
Address: 1269 US-1
City-St-Zip: ROCKLEDGE, FL 32955

Title: ST ( ) Delete
Name: MACIK, JEFF
Address: 1269 US-1
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SCHWINDT, ROCHELLE A
Address: 1347 CENTENNIAL WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: V.P. (X) Change ( ) Addition
Name: ROSETTE, BROWN J
Address: 1307 CENTENNIAL WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: SECY ( ) Change (X) Addition
Name: COLLINS, JUANITA S
Address: 1317 CENTENNIAL WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: TREA ( ) Change (X) Addition
Name: O'BRIEN, TIMOTHY L
Address: 1337 CENTENNIAL WAY
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY L. O'BRIEN TREA 01/12/2009
Electronic Signature of Signing Officer or Director — Date