
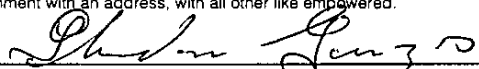


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90103 038 ****61.25

DOCUMENT # N04293 1. Entity Name LIBERTY SQUARE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE GROUP P.O. BOX 189013 PLANTATION, FL 33318 US			Mailing Address C/O CASTLE GROUP P.O. BOX 189013 PLANTATION, FL 33318 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		04172006 Chg-NP		CR2E037 (11/05)	
4. FEI Number 59-2501056				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GLEN MANAGEMENT 301 W CAMINE GARDENS BLVD #200 BOCA RATON, FL 33432			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARA, JOHN		NAME	SCARA, JOHN	
STREET ADDRESS	410 LIBERTY COURT		STREET ADDRESS	410 LIBERTY COURT	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH, BETTY		NAME	MULLER, GEORGE	
STREET ADDRESS	409 LIBERTY COURT		STREET ADDRESS	111 LIBERTY CT.	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACAVA, FRANK JR.		NAME	LACAVA, FRANK JR.	
STREET ADDRESS	208 LIBERTY COURT		STREET ADDRESS	208 LIBERTY COURT	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRO, RUDOLPH		NAME	STRANGOS, KATHRYN	
STREET ADDRESS	310 LIBERTY COURT		STREET ADDRESS	205 LIBERTY COURT	
CITY-ST-ZIP	DEERFIELD, FL 33442		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANZO, THEODORE		NAME	GANZOS, THEODORE	
STREET ADDRESS	305 LUBENTU CT.		STREET ADDRESS	305 LIBERTY COURT	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: 			4/18/06 (954) 571-5030		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		