

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90059 032 ****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 - No P.O. Box #
PRIMO MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
City & State
BOCA RATON FL

3. Mailing Address
Suite, Apt. #, etc.
City & State
FL

City & State
BOCA RATON FL

Zip
33487

Country
USA

401477



06132007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2501056

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GLEN MANAGEMENT
301 W CAMINE GARDENS BLVD #200
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
Name
PRIMO MANAGEMENT GROUP, INC.
Street Address (P.O. Box Number is Not Acceptable)
6300 PARK OF COMMERCE BLVD.
City
BOCA RATON FL Zip Code
33487

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 Shirley Lanza
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 September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	VD SCARA, JOHN 410 LIBERTY COURT DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLER, GEORGE 111 LIBERTY CT DEERFIELD BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MULLER, GEORGE 111 Liberty Court Deerfield Beach, FL 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LACAVA, FRANK JR 208 LIBERTY COURT DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACAVA, FRANK JR 208 Liberty Court Deerfield Beach FL 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRANGOS, KATHRYN 205 LIBERTY CT DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANZOS, THEODORE 305 LIBERTY CT DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: Shirley Lanza 3/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #