


FILED
Apr 12, 2006 08:00 AM
Secretary of State

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06129
 1. Entity Name
 LIBRARY SQUARE ASSOCIATION, INC.



Principal Place of Business 6778 SUNSET STRIP SUNRISE, FL 33313	Mailing Address 6778 SUNSET STRIP SUNRISE, FL 33313
-----------------------------------------------------------------------	-----------------------------------------------------------



DO NOT WRITE IN THIS SPACE

04062006 No.Chg-NP CR2E037 (11/05)

4. FEI Number 59-2619343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 TAYLOR, DONOVAN
 6778 SUNSET STRIP
 SUNRISE, FL 33313

DO NOT WRITE IN THIS SPACE

9. 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 _____ (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLEASON, THOMAS 6666 SUNSET STRIP SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, DONOVAN 6778 SUNSET STRIP SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BODENSTEIN, BEN 6660 SUNSET STRIP SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000505421
 04/26/06-80116-008 61.25

DO NOT WRITE IN THIS SPACE

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: Donovan Taylor **4/6/06** **954-742-4422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #