

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90003 018 ****61.25

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**

40030309



DO NOT WRITE IN THIS SPACE

03032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2619343

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, DONOVAN
6778 SUNSET STRIP
SUNRISE, FL 33313**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

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

**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
DONOVAN TAYLOR

2/3/07
Date

954-742-4422
Daytime Phone #