

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008525

FILED
Apr 16, 2009
Secretary of State

Entity Name: LIBERTY HOUSE CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

224 MERIDIAN AVE
APT. 2
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

224 MERIDIAN AVE
APT. 2
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MUELLER, CARLA V
224 MERIDIAN AVE
APT 2
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MUELLER, STEVEN A
Address: 224 MERIDIAN AVE APT 2
City-St-Zip: MIAMI BEACH, FL 33139

Title: DVP () Delete
Name: RUIZ, EDUARDO
Address: 1800 COLLINS AVE APT. 14B
City-St-Zip: MIAMI BEACH, FL 33139

Title: DS () Delete
Name: MUELLER, CARLA V
Address: 224 MERIDIAN AVE APT 2
City-St-Zip: MIAMI BEACH, FL 33139

Title: DT () Delete
Name: FERNANDEZ, CENEZIA
Address: 7375 SW 105 PLACE
City-St-Zip: MIAMI, FL 33173

Title: DD () Delete
Name: DELMONICO, RODNEY
Address: 1257 SW 15ST APT 201
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARLA MUELLER

DS

04/16/2009

Electronic Signature of Signing Officer or Director

Date