

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90023 001 *1,022.50

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1. Corporation Name

FORT LIBERTY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business
**8445 INTERNATIONAL DRIVE
SUITE 138
ORLANDO FL 32819**

Mailing Address
**8445 INTERNATIONAL DRIVE
SUITE 138
ORLANDO FL 32819**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country	

9. Name and Address of Current Registered Agent

**PIERCY, TYLER
8445 INTERNATIONAL DRIVE
SUITE 138
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'RIORDAN, GERARD	12 NAME	
STREET ADDRESS	8445 INTERNATIONAL DRIVE SUITE 138	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCY, TYLER	22 NAME	
STREET ADDRESS	8445 INTERNATIONAL DRIVE SUITE 138	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPE, DAVID	32 NAME	
STREET ADDRESS	4625 W. NEVSO	33 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV 89103	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROBL, CHRIS	42 NAME	
STREET ADDRESS	4625 W. NEVSO	43 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV 89103	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99

(702) 253-1333

Date

Daytime Phone #

CR2E037 (1/98)