

FILED  
Jun 16, 2002 8:00 am  
Secretary of State

05-13-2002 90161 009 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N98000001582**

1. Entity Name

**Fort Liberty Property Owners Association, INC**

**DO NOT WRITE IN THIS SPACE**

92932

2. Principal Place of Business

**5260 W. Echo Bronson Hwy**

3. Mailing Address

**3020 Hartley Rd.**

Suite, Apt. #, etc.

**STE 300**

City & State

**JACKSONVILLE FL 32174**

City & State

**JACKSONVILLE FL 3**

Zip

Country

**32257**

**USA**

4. FEL Number

**88-0385292**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

**MARK T. Farrell**

Street Address (P.O. Box Number is Not Applicable)

**3020 Hartley Rd. Ste. 300**

City

**Jacksonville**

**FL**

**32257**

**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.

SIGNATURE

**ML**

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

(NOTE: Registered Agent signature required when reappointing)

**6/9/02**

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
John D. Road  
3020 Hartley Rd. Ste 300  
JACKSONVILLE FL 32257**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
J. Neil Road  
3020 Hartley Rd. Ste 300  
JACKSONVILLE FL 32257**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
BART A. Walchle  
1502 Roberts Drive  
JACKSONVILLE BEACH FL 32250**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
MARK T. Farrell  
3020 Hartley Rd Ste 300  
JACKSONVILLE FL 32257**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**ML**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK T. Farrell**

Date

**4/30/02**

Daytime Phone #

CR2E034B (12/01)