

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90168 036 ****61.25

DOCUMENT # N98000002162

1. Entity Name

LIBERTY SQUARE OWNERS ASSOCIATION, INC.



Principal Place of Business

3100 17TH STREET
ST. CLOUD FL 34769

Mailing Address

3100 17TH STREET
ST. CLOUD FL 34769



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1675015

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILKERS, JOHN F
3100 17TH STREET
ST. CLOUD FL 34769

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WILKER, JOHN F
STREET ADDRESS 3100 17TH STREET
CITY- ST- ZIP ST. CLOUD FL 34769

TITLE ☐ Change ☒ Addition
NAME THORNE, J. PAUL
STREET ADDRESS 1561 GRANDVIEW BLVD
CITY- ST- ZIP KISSIMMEE FL 34744

TITLE TSD ☒ Delete
NAME WILKER, ANNA M
STREET ADDRESS 3100 17TH STREET
CITY- ST- ZIP ST. CLOUD FL 34769

TITLE ☐ Change ☒ Addition
NAME SAUR, CHRISTOPHER
STREET ADDRESS 6755 OLD MELBOURNE HWY
CITY- ST- ZIP ST. CLOUD, FL 34771

TITLE VD ☐ Delete
NAME POWERS, CHARLES K JR
STREET ADDRESS 3100 17TH STREET
CITY- ST- ZIP ST. CLOUD FL 34769

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

4/3/07 907-892-0009