

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002162

FILED
Mar 17, 2009
Secretary of State

Entity Name: LIBERTY SQUARE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3100 17TH STREET
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

3100 17TH STREET
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 59-1675015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKERS, JOHN F
3100 17TH STREET
ST. CLOUD, FL 34769 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: PD () Delete
Name: WILKER, JOHN F
Address: 3100 17TH STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: T () Delete
Name: THORNE, PAUL D
Address: 1561 GRANDVIEW BLVD
City-St-Zip: KISSIMMEE, FL 34744

Title: VD () Delete
Name: POWERS, CHARLES K JR
Address: 3100 17TH STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: S () Delete
Name: BAUR, CHRISTOPHER
Address: 6755 OLD MELBOURNE HWY
City-St-Zip: SAINT CLOUD, FL 34771

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: CHARLES POWERS JR.

DR

03/17/2009

Electronic Signature of Signing Officer or Director

Date