

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002162

**FILED**  
**Feb 16, 2011**  
**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  
Name: WILKER, JOHN F  
Address: 3100 17TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

Title: T  
Name: THORNE, PAUL D  
Address: 1561 GRANDVIEW BVLD  
City-St-Zip: KISSIMMEE, FL 34744

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID PAUL THORNE, M.D.

TREA

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date