

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000103240

1. Entity Name
LIBERTY VACATION PROPERTIES, INC.



Principal Place of Business
200 TUSCAN HILLS BLVD
DAVENPORT, FL 33897

Mailing Address
200 TUSCAN HILLS BLVD
DAVENPORT, FL 33897

FILED
Aug 21, 2008 08:00 AM
Secretary of State



06102008 No Chg-P CR2E034 (11/05)

4. FEI Number
47-0949140

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HART, LLOYD
3145 W ORANGE COUNTRY CLUB DRIVE
WINTER GARDEN, FL 34787

**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. 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 \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HART, LLOYD 3145 W ORANGE COUNTRY CLUB DRIVE WINTER GARDEN, FL 34787
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U00000958071
08/21/08-80001-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Daytime Phone #