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04-21-1999 90074 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737346

1. Corporation Name
VILLAGE SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7551 N.W. 16TH ST. PLANTATION FL 33313 US	7551 N.W. 16TH ST. PLANTATION FL 33313 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/19/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1735297 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

IMPERIAL PROPERTY MGMT INC
C/O VILLAGE SQUARE CONDO ASSOC INC
7551 NW 16TH ST
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	GROSS, DENE		1.2 NAME	GORDON, MAUREEN	
STREET ADDRESS	7541 NW 16 ST #1210		1.3 STREET ADDRESS	7521 NW 16 ST # 4108	
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	DS	☐ DELETE	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	HARPER, PAMELA		2.2 NAME		
STREET ADDRESS	7521 N.W. 16 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33313		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	DRAZEN, BEN		3.2 NAME	PUSEY, WARREN	
STREET ADDRESS	7501 NW 16TH ST 3211		3.3 STREET ADDRESS	7561 NW 16 ST 2211	
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	DAS	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	PARKER, PEGGY		4.2 NAME	ALTIERY, SHIRLEY	
STREET ADDRESS	7501 NW 16ST #3105		4.3 STREET ADDRESS	7521 NW 16 ST # 4507	
CITY-ST-ZIP	PLANTATION FL		4.4 CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	VPD	☐ DELETE	5.1 TITLE	VPD	☐ Change ☒ Addition
NAME	THOMAS, JAY		5.2 NAME	CUPSTID, MANLEY	
STREET ADDRESS	7521 NW 16TH ST #4308		5.3 STREET ADDRESS	1011 NW 45 CT	
CITY-ST-ZIP	PLANTATION FL 33313		5.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VPD	☒ DELETE	6.1 TITLE	DAS	☐ Change ☒ Addition
NAME	AHRINGER, JEFFREY		6.2 NAME	MARCOTTE CHRIS	
STREET ADDRESS	7551 NW 16TH ST		6.3 STREET ADDRESS	7501 NW 16 ST # 3305	
CITY-ST-ZIP	PLANTATION FL 33313		6.4 CITY-ST-ZIP	PLANTATION FL 33313	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 4/12/99 954-791-2423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #