

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737346 (7)

1. Corporation Name
VILLAGE SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 7551 N.W. 16TH ST. PLANTATION FL 33313 US	Mailing Address 7551 N.W. 16TH ST. PLANTATION FL 33313 US
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3. Date Incorporated or Qualified 11/19/1976	
4. FEI Number 59-1735297	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**LEASIDE MANAGEMENT
%VILLAGE S.C.
7551 N.W. 16 ST.
PLANTATION FL 33313**

10. Name and Address of New Registered Agent

81 Name Imperial Property Management, Inc.	
82 Street Address (P.O. Box Number is Not Acceptable) c/o Village Square Condo Assoc., Inc.	
83 7551 N.W. 15th Street	
84 City Plantation, FL	85 Zip Code 33313

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 J.V. THOMAS - VICE PRESIDENT **3/24/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D / T	<input type="checkbox"/> DELETE
NAME GROSS, DENE	
STREET ADDRESS 7541 NW 16 ST #1210	
CITY-ST-ZIP PLANTATION FL	
TITLE D/S	<input type="checkbox"/> DELETE
NAME HARPER, PAMELA	
STREET ADDRESS 7521 N.W. 16 ST.	
CITY-ST-ZIP PLANTATION FL 33313	
TITLE PD	<input type="checkbox"/> DELETE
NAME DRAZEN, BEN	
STREET ADDRESS 7501 NW 16TH ST 3211	
CITY-ST-ZIP PLANTATION FL	
TITLE D / AS	<input type="checkbox"/> DELETE
NAME PARKER, PEGGY	
STREET ADDRESS 7501 NW 16ST #3105	
CITY-ST-ZIP PLANTATION FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Jay Thomas	
1.3 STREET ADDRESS 7521 N.W. 16th St., #4308	
1.4 CITY-ST-ZIP Plantation, FL 33313	
2.1 TITLE VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Jeffrey Ahringer	
2.3 STREET ADDRESS 7551 N.W. 16th Street	
2.4 CITY-ST-ZIP Plantation, FL 33313	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE VP / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Manley Cupstid	
4.3 STREET ADDRESS 7551 N.W. 16th Street	
4.4 CITY-ST-ZIP Plantation, FL 33313	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CP2E037 (10/97)

954-791-2127