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 Busine
7551 N.W. 16TH ST.
PLANTATION FL 33313
US

2. Principal Place of Business

Mailing Address 7551 N.W. 16TH ST. PLANTATION FL 33313

2a. Mailing Address

US

FILED Apr 21, 1999 8:00 am § Secretary of State

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



3. Date incorporated or Qualifed

11/19/1976

21\		(26)						
	uite, Apt. #, etc. Suite, Apt. #, etc. 27			,		4 FEI Number Applied For S9-1735297 Not Applicable		
	City & State City & State				,	5. Certificate of Status Desired		
Zip	Country	Zip		Country		6. Election Campaign Financing S5.00 May Be		
24	25	29	30			Trust Fund Contribution Added to Fees		
24	9. Name and Address of Current					10. Name and Address of New Registered Agent		
				81	Name			
IMPERIAL PROPERTY MGMT INC				82 Street Address (P.O. Box Number is Not Acceptable)				
					82 Street Address (P.O. Box Number is Not Acceptable)			
C/O VILLAGE SQUARE CONDO ASSOC INC					83			
7551 NW 16TH ST								
PLANTATION FL 33313				84 City FL 85 Zip Code				
AT ASSO I CAT ASSO Fluido Statuto the above comed conserving submits this statement for the number of changing its registered								
Pursuant to the provisions of Sections of 17.0502 and 617.1506, Florida Statutes, tile above limited 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.								
agent. 1 a	m familiar with, and accept the obligation	ons of, Section 61	7.0503, Florida	Statutes.	•			
SIGNATURE		The War Birth	MOTE S	record Access	d alamatur	equired when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		(NOTE: Reg	13.	it signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
			DELETE	1.1 TITLE		Change Addition		
TITLE	DT .	L.	DECETE	1.2 NAME				
NAME	GROSS, DENE			1.3 STREET	ADODECC	GORDON, MAUREEN 7521 NW 16 ST. # 4108		
STREET ADDRESS	7541 NW 16 ST #1210		I.			PLANTATION FL 38313		
CITY-ST-ZIP	PLANTATION FL		DELETE	1,4 CITY-ST	T-ZIP	Cotamo D Addition		
TILE	DS	Ш	DELETE	2.1 TITLE		DP PC Change Addition		
NAME	HARPER, PAMELA	•		2.2 NAME				
STREET_ADDRESS	7521 N.W. 16 ST.		والمحادث يعالينها	2.3 STREET		La Samuel to the same and an in the Second American American Second Seco		
CITY-ST-ZIP	PLANTATION FL 33313		_	2. 4 CITY-S		☐ Change ☑ Addition		
TITLE	PD	مل ا	DELETE	3.1 TITLE	٧P	,		
NAME	DRAZEN, BEN			3.2 NAME		PUSEY, WARREN		
STREET ADDRESS	7501 NW 16TH ST 3211			3.3 STREET	ADDRESS	7561' NW 16 37 2211		
CFTY-ST-ZIP	PLANTATION FL			3.4, CITY-S	T-ZIP	PLANTATION FL 33313		
TITLE	DAS		DELETE	4.1 TITLE		D Change ♣ Addition		
NAME	PARKER, PEGGY			4.2 NAME		ALTIERY , SHIRLEY		
STREET ADDRESS				4.3 STREET	TADDRESS	7521 NW 16 ST # 4507		
CITY-ST-ZIP	PLANTATION FL			4.4 CITY-ST	T-ZIP	PLANTATION FL 33313		
TITLE	VPD		DELETE	5.1 TITLE		VPD ☐ Change ✓ Addition		
NAME	THOMAS, JAY			5.2 NAME		CUPSTID MANLEY		
STREET ADDRESS	TERA ARAL ARTH OT MARON			5.3 STREET	ADDRESS	IOU NW 45 CT		
CITY-ST-ZIP	PLANTATION FL 33313		•	5.4 CITY-S	T-ZIP	FT. LAUDERDALE FL 33309		
TITLE	VPD	1	DELETE	6.1 TITLE		DAS Change Addition		
NAME	AHRINGER, JEFFREY	_		6.2 NAME		MARCOTTE CHRIS		
STREET ADDRESS	7551 NW 16TH ST			6.3 STREET	T ADDRESS	7501 NW/16 ST # 3305		
l	PLANTATION FL 33313		•	6.4 CITY-ST	T-21P	PLANTATION FL 33313		
CITY-ST-ZIP	I FLAIRIA HUN FL 333 I3			J., J.,		[4		

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

URF AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-791-2423

Daytime Phone #

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R2E037 (11/98)