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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737346

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/19/1976
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1735297
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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
	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	1.1 TITLE	D
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	2.1 TITLE	DP
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	3.1 TITLE	VPD
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	4.1 TITLE	D
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	5.1 TITLE	VPD
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	6.1 TITLE	DAS
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

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 *Thomas* 4/12/99 954-791-2423
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)