

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712536

Entity Name: VILLAGE GARDEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

419 US HWY 1
C/O OFFICE
NORTH PALM BEACH, FL 33408-5508

Current Mailing Address:

C/O HARBOR MANAGEMENT
641 UNIVERSITY BLVD SUITE 205
JUPITER, FL 33458 US

FEI Number: 59-1450730

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANOFF, LAURIE ESQ.
1818 S AUSTRALIAN AVE
WEST PALM BEACH, FL 33409 US

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.

SIGNATURE: LAURIE MANOFF

03/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KNOWLES, HERB
Address C/O HARBOR MANAGEMENT
 641 UNIVERSITY BLVD SUITE 205
City-State-Zip: JUPITER FL 33458

Title VP
Name BEVERSTEIN, RUSSELL
Address C/O HARBOR MANAGEMENT
 641 UNIVERSITY BLVD SUITE 205
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name BALDUCCI, ARNOLD
Address C/O HARBOR MANAGEMENT
 641 UNIVERSITY BLVD SUITE 205
City-State-Zip: JUPITER FL 33458

Title TREASURER
Name FLORES, ROBERT
Address C/O HARBOR MANAGEMENT
 641 UNIVERSITY BLVD SUITE 205
City-State-Zip: JUPITER FL 33458

Title SECRETARY
Name FUQUAY, MICHAEL
Address C/O HARBOR MANAGEMENT
 641 UNIVERSITY BLVD SUITE 205
City-State-Zip: JUPITER FL 33458

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HERB KNOWLES

PRESIDENT

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date