Name and Address of Current Registered Agent:				
DICKER, KRIVOK & STOLOFF 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: ED DICKER 03/07/201				
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	D	
Name	BRUNO, CAMILLE	Name	DARNELL, DANIEL	
Address	419 US HWY ONE OFFICE	Address	419 US HWY ONE, OFFICE	
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408	
Title	DIRECTOR	Title	т	
Name	ETHERIDGE, CATHERINE	Name	PRICE, THOMAS	
Address	419 US HWY ONE, OFFICE	Address	419 US HWY 1, OFFICE	
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408	
Title	SECRETARY			
Name	BATISTA, JOSE			
Address	419 US HWY 1 OFFICE			
City-State-Zip:	NORTH PALM BEACH FL 33408			

Current Principal Place of Business: 419 US HWY 1 C/O OFFICE NORTH PALM BEACH, FL 33408-5508

Current Mailing Address:

DOCUMENT# 712536

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

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: VILLAGE GARDEN CONDOMINIUM ASSOCIATION, INC.

FEI Number: 59-1450730

Certificate of Status Desired: No

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: JOSE BATISTA

SECRETARY

03/07/2016 Date

Electronic Signature of Signing Officer/Director Detail

FILED Mar 07, 2016 **Secretary of State** CC8012658946