### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 712536** 

Entity Name: VILLAGE GARDEN CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 12, 2018
Secretary of State
CC1814608414

## **Current Principal Place of Business:**

419 US HWY 1 C/O OFFICE

NORTH PALM BEACH, FL 33408-5508

# **Current Mailing Address:**

419 US HWY 1 C/O OFFICE

NORTH PALM BEACH, FL 33408-5508

FEI Number: 59-1450730 Certificate of Status Desired: No

### 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 01/12/2018

Electronic Signature of Registered Agent

Date

Date

### Officer/Director Detail:

Title PRESIDENT Title D

NameBRUNO, CAMILLENameROTZELL, KATHLEENAddress419 US HWY ONE OFFICEAddress419 US HWY ONE, OFFICE

City-State-Zip: NORTH PALM BEACH FL 33408 City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR Title T

Electronic Signature of Signing Officer/Director Detail

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

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 01/12/2018