

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725121

Entity Name: THE VILLAGE SOUTH, INC.

Current Principal Place of Business:

169 E FLAGLER STREET
SUITE 1300
MIAMI, FL 33131

FILED
Mar 19, 2013
Secretary of State
CC3590731480

Current Mailing Address:

169 E FLAGLER STREET
SUITE 1300
MIAMI, FL 33131 US

FEI Number: 59-1452736

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name STEINBERG, RICHARD E
Address PO BOX 94738
City-State-Zip: LAS VEGAS NV 89193-4738

Title CHAIRMAN, DIRECTOR
Name MAPES, LYNN
Address PO BOX 510039
City-State-Zip: KEY COLONY BEACH FL 33051

Title DIRECTOR
Name YOUNGQUIST, DAVID
Address 21 SOUTH LONG LAKE TRAIL
City-State-Zip: NORTH OAKS MN 55127

Title DIRECTOR
Name WALKER, EUGENE DR.
Address 5191 ROCK SPRING ROAD
City-State-Zip: LITHONIA GA 30038

Title DIRE
Name BAIRD, WILLIAM III
Address PO BOX 351
City-State-Zip: PIKEVILLE KY 41502

Title VC
Name RAMSAY, RICHARD
Address C/O MONROE COUNTY SHERIFF'S
 OFFICE
 5525 COLLEGE ROAD
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name COGGS, SENATOR SPENCER
Address C/O CITY HALL. ROOM 103
 200 EAST WELLS STREET
City-State-Zip: MILWAUKEE WI 53202

Title DIRECTOR
Name WALSH, THOMAS II
Address 180 28TH AVENUE NORTH
City-State-Zip: ST PETERSBURG FL 33704

Continues on page 2

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: JIM HANNA _____

SECRETARY

03/19/2013

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title SECRETARY
Name HANNA, JIM
Address PO BOX 94738
City-State-Zip: LAS VEGAS NV 89193-4738

Title TREASURER
Name SULLINS, PETER
Address PO BOX 94738
City-State-Zip: LAS VEGAS NV 89193-4738