

2019 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
Apr 16, 2019
Secretary of State
5944952018CC

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
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name RAMSAY, RICHARD
Address C/O MONROE COUNTY SHERIFF'S
 OFFICE
 5525 COLLEGE ROAD
City-State-Zip: KEY WEST FL 33040

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

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

Title TREASURER/ ASSIST. SECRETARY
Name ORTBALS, KEN
Address PO BOX 94738
City-State-Zip: LAS VEGAS NV 89193-4738

Title DIRECTOR
Name BOAZMAN, DERRICK
Address 1860 BOND DRIVE
City-State-Zip: ATLANTA GA 30315

Title DIRECTOR
Name WADHAMS, JAMES
Address BANK OF AMERICA BUILDING
 300 SOUTH FOURTH STREET STE.
 1400
City-State-Zip: LAS VEGAS NV 89101

Title DIRECTOR
Name OKADA, MARY
Address P.O. BOX 3566
City-State-Zip: HAGATNA OC 96932

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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: KEN ORTBALS

CFO

04/16/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ABADIN, RAMON
Address 9155 S. DADELAND BLVD
SUITE 1208
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name PORTER, WILLIAM
Address 1212 E. ANDY DEVINE AVE.
City-State-Zip: KINGMAN AZ 86401