

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737346

Entity Name: VILLAGE SQUARE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**7551 NW 16TH STREET
PLANTATION, FL 33313**Current Mailing Address:**P.O. BOX 19439
PLANTATION, FL 33318 US**FEI Number:** 59-1735297**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROUGH, CHADROW & LEVINE, P.A.
2149 NORTH COMMERCE PARKWAY
WESTON, FL 33326 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
Name NAVALO, NILKA
Address VILLAGE SQUARE CONDO
 7551 NW 16TH STREET
City-State-Zip: PLANTATION FL 33313

Title DIRECTOR
Name THOMAS, TANYA
Address VILLAGE SQUARE CONDO
 7551 NW 16TH STREET
City-State-Zip: PLANTATION FL 33313

Title TREASURER
Name PATTERSON, SASHA
Address VILLAGE SQUARE CONDO
 7551 NW 16TH STREET
City-State-Zip: PLANTATION FL 33313

Title DIRECTOR
Name WRIGHT, MARK
Address VILLAGE SQUARE CONDO
 7551 NW 16TH STREET
City-State-Zip: PLANTATION FL 33313

Title DIRECTOR
Name ALI, FERAAZ
Address 7551 NW 16TH STREET
City-State-Zip: PLANTATION FL 33313

Title DIRECTOR
Name SCARLETTE, LAHOMA
Address 7551 NW 16TH STREET
City-State-Zip: PLANTATION FL 33313

Title SECRETARY
Name STARR, LISA
Address 7551 NW 16 STREET
City-State-Zip: PLANTATION FL 33313

Title DIRECTOR
Name LAGUERRE, HERVE
Address 7551 NW 16 STREET
City-State-Zip: PLANTATION FL 33313

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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: NILKA NAVALO**PRESIDENT****04/09/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ROSELL, MELISSA
Address	7551 NW 16 STREET
City-State-Zip:	PLANTATION FL 33313