

2017 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:**8200 NW 33RD STREET
SUITE 300
DORAL, FL 33122 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	VP, TREASURER
Name	AHRINGER, JEFFREY
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	SECRETARY
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	VP
Name	ALI, FERAAZ
Address	7551 NW 16TH STREET
City-State-Zip:	PLANTATION FL 33313

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

Title	PROPERTY MANAGER
Name	ADAMS, TENNILLE
Address	7551 NW 16TH 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: TENNILLE ADAMS**PROPERTY MANAGER****02/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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