

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737346

**Entity Name:** VILLAGE SQUARE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**8751 W BROWARD BLVD  
SUITE 400  
PLANTATION, FL 33324**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 DIR/ PRESIDENT  
Name MALINCONICO, SAMANTHA  
Address 7521 NW 16 STREET  
APT 4302  
City-State-Zip: PLANTATION FL 33313

Title DIRECTOR, TREASURER  
Name STARR, LISA DAWN  
Address 7561 NW 16 STREET  
APT 2308  
City-State-Zip: PLANTATION FL 33313

Title DIRECTOR, VP  
Name ALEXANDER, PAMELA  
Address 7521 NW 16 ST  
#4306  
City-State-Zip: PLANTATION FL 33313

Title DIR  
Name SCARLETTE, LAHOMA  
Address 7501 NW 16 STREET  
APT 3106  
City-State-Zip: PLANTATION FL 33313

Title DIRECTOR, SECRETARY  
Name ROSELL, MELISSA  
Address 7541 NW 16TH ST  
1103  
City-State-Zip: PLANTATION FL 33313

Title DIRECTOR, PRESIDENT  
Name LEMONS, JODY  
Address 7521 NW 16 ST #4307  
City-State-Zip: PLANTATION FL 33313

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: MALINCONICO , SAMANTHA****PRESIDENT****04/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date