

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

Title            DIRECTOR  
Name            ALI, FERA AZ  
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            THOMAS, TANYA  
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            SCARLETTE, LAHOMA  
Address        7551 NW 16TH 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