

2020 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/PRES
Name	AHRINGER, JEFFREY M
Address	7561 NW 16 STREET APT 2301
City-State-Zip:	PLANTATION FL 33313
Title	DIR
Name	THOMAS, TANYA TRACEY
Address	760 E COCO PLUM CIRCLE APT 6
City-State-Zip:	PLANTATION FL 33324-3745
Title	DIR/SEC
Name	STARR, LISA DAWN
Address	7561 NW 16 STREET APT 2308
City-State-Zip:	PLANTATION FL 33313

Title	DIR/TREAS
Name	MALINCONICO, SAMANTHA
Address	7521 NW 16 STREET APT 4302
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
Name	ROSELL, MELISSA
Address	7541 NW 16TH ST 1103
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: JEFFREY AHRINGER**PRESIDENT****03/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date