

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737346 (7)
1. Corporation Name
VILLAGE SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
7551 N.W. 16TH ST.
PLANTATION FL 33313
US 7551 N.W. 16TH ST.
PLANTATION FL 33313
US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country
24 25 29 30

3. Date Incorporated or Qualified
11/19/1976
4. FEI Number
59-1735297
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
LEASIDE MANAGEMENT
%VILLAGE S.C.
7551 N.W. 16 ST.
PLANTATION FL 33313
10. Name and Address of New Registered Agent
81 Name
Imperial Property Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Village Square Condo Assoc., Inc.
83 7551 N.W. 15th Street
84 City
Plantation, FL 85 Zip Code
33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE J.V. THOMAS - VICE PRESIDENT 3/24/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D / T	<input type="checkbox"/> DELETE	1.1 TITLE VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GROSS, DENE		1.2 NAME Jay Thomas	
STREET ADDRESS 7541 NW 16 ST #1210		1.3 STREET ADDRESS 7521 N.W. 16th St., #4308	
CITY-ST-ZIP PLANTATION FL		1.4 CITY-ST-ZIP Plantation, FL 33313	
TITLE D / S	<input type="checkbox"/> DELETE	2.1 TITLE VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HARPER, PAMELA		2.2 NAME Jeffrey Ahringer	
STREET ADDRESS 7521 N.W. 16 ST.		2.3 STREET ADDRESS 7551 N.W. 16th Street	
CITY-ST-ZIP PLANTATION FL 33313		2.4 CITY-ST-ZIP Plantation, FL 33313	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRAZEN, BEN		3.2 NAME	
STREET ADDRESS 7501 NW 16TH ST 3211		3.3 STREET ADDRESS	
CITY-ST-ZIP PLANTATION FL		3.4 CITY-ST-ZIP	
TITLE D / AS	<input type="checkbox"/> DELETE	4.1 TITLE VP / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PARKER, PEGGY		4.2 NAME Manley Cupstid	
STREET ADDRESS 7501 NW 16ST #3105		4.3 STREET ADDRESS 7551 N.W. 16th Street	
CITY-ST-ZIP PLANTATION FL		4.4 CITY-ST-ZIP Plantation, FL 33313	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CP2E037 (10/97)