

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90175 024 \*\*\*\*61.25

**DOCUMENT # 737346**

1. Entity Name

**VILLAGE SQUARE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7551 N.W. 16TH ST.  
PLANTATION FL 33313  
US7551 N.W. 16TH ST.  
PLANTATION FL 33313  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1735297**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****IMPERIAL PROPERTY MGMT INC  
C/O VILLAGE SQUARE CONDO ASSOC INC  
7551 NW 16TH ST  
PLANTATION FL 33313**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **DT** ☐ Delete  
NAME **GROSS, DENE**  
STREET ADDRESS **7541 NW 16 ST #1210**  
CITY-ST-ZIP **PLANTATION FL**TITLE **SHIRLEY ALTIERY DIRECTOR** ☐ Change ☒ Addition  
NAME **7521 NW 16 ST # 4507**  
STREET ADDRESS **PLANTATION FL 33313**  
CITY-ST-ZIPTITLE **DP** ☐ Delete  
NAME **HARPER, PAMELA**  
STREET ADDRESS **7521 N.W. 16 ST.**  
CITY-ST-ZIP **PLANTATION FL 33313**TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **JULIE MORRA**  
STREET ADDRESS **7521 NW 16 ST # 1308**  
CITY-ST-ZIP **PLANTATION FL 33313**TITLE **D** ☐ Delete  
NAME **GORDON, MAUREEN**  
STREET ADDRESS **7521 NW 16ST #4108**  
CITY-ST-ZIP **PLANTATION FL 33313**TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **JONATHAN LAYE**  
STREET ADDRESS **7521 NW 16 ST # 4102**  
CITY-ST-ZIP **PLANTATION FL 33313**TITLE **DAS** ☐ Delete  
NAME **PARKER, PEGGY**  
STREET ADDRESS **7501 NW 16ST #3105**  
CITY-ST-ZIP **PLANTATION FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VPD** ☐ Delete  
NAME **THOMAS, JAY**  
STREET ADDRESS **7521 NW 16TH ST #4308**  
CITY-ST-ZIP **PLANTATION FL 33313**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DAS** ☐ Delete  
NAME **MARCOTTE, CHRIS**  
STREET ADDRESS **7501 NW 16 ST #3305**  
CITY-ST-ZIP **PLANTATION FL 33313**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED J.V. THOMAS**

1/19/01

954 791-2423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)