
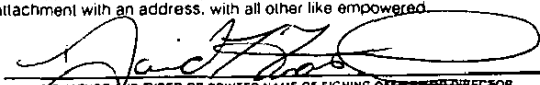


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90042 014 ****61.25

| | | | |
|--|---|--|--|
| DOCUMENT # 737346 | |  | |
| 1. Entity Name VILLAGE SQUARE CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 7551 N.W. 16TH ST. PLANTATION, FL 33313 US | | Mailing Address 7551 N.W. 16TH ST. PLANTATION, FL 33313 US | |
| 2. Principal Place of Business - No P.O. Box # VILLAGE SQUARE CONDO. | | 3. Mailing Address 7551 N.W. 16TH STREET | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State PLANTATION, FLORIDA | | City & State PLANTATION, FLORIDA | |
| Zip 33313 | | Country BROWARD | |
| 4. FEI Number 59-1735297 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BROUGH, CHADROW & LEVINE, P.A. GLOBAL COMMERCE CENTER 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326 | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE | | DATE | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS TODD, DAVID 7521 NW 16TH STREET #4104 PLANTATION, FL 33313 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DIANA HUMPHREY 7541 N.W. 16TH ST., #1101 PLANTATION, FL 33313 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP HARPER, PAMELA 7521 NW 16 ST #4510 PLANTATION, FL 33313 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D FERAAZ ALI 7561 N.W. 16TH ST., #2108 PLANTATION, FL 33313 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D JULIE, MORRA 7541 NW 16 1308 PLANTATION, FL 33313 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WARREN MUNROE 7561 N.W. 16TH ST., #2310 PLANTATION, FL 33313 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT PARKER, PEGGY 7501 NW 16ST #3105 PLANTATION, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP DAVID FRANKLIN 7521 N.W. 16TH ST., #4106 PLANTATION, FL 33313 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS YVES BOREAU 7541 N.W. 16TH ST., #1208 PLANTATION, FL 33313 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | Date: 7-19-07 Daytime Phone: (954) 791-2423 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |