

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90221 020 \*\*\*\*61.25

0032424

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1735297**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**IMPERIAL PROPERTY MGMT INC  
C/O VILLAGE SQUARE CONDO ASSOC INC  
7551 NW 16TH ST  
PLANTATION FL 33313**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | DT                    | <input checked="" type="checkbox"/> Delete |
| NAME           | GROSS, DENE           |  |
| STREET ADDRESS | 7541 NW 16 ST #1210   |  |
| CITY-ST-ZIP    | PLANTATION FL         |  |
| TITLE          | DP                    | <input type="checkbox"/> Delete            |
| NAME           | HARPER, PAMELA        |  |
| STREET ADDRESS | 7521 N.W. 16 ST.      |  |
| CITY-ST-ZIP    | PLANTATION FL 33313   |  |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | JULIE, MORRA          |  |
| STREET ADDRESS | 7541 NW 16 1308       |  |
| CITY-ST-ZIP    | PLANTATION FL 33313   |  |
| TITLE          | DAS                   | <input type="checkbox"/> Delete            |
| NAME           | PARKER, PEGGY         |  |
| STREET ADDRESS | 7501 NW 16ST #3105    |  |
| CITY-ST-ZIP    | PLANTATION FL         |  |
| TITLE          | VPD                   | <input type="checkbox"/> Delete            |
| NAME           | THOMAS, JAY           |  |
| STREET ADDRESS | 7521 NW 16TH ST #4308 |  |
| CITY-ST-ZIP    | PLANTATION FL 33313   |  |
| TITLE          | DAS                   | <input type="checkbox"/> Delete            |
| NAME           | JON, LAYE             |  |
| STREET ADDRESS | 752 NW 16 STREET 4102 |  |
| CITY-ST-ZIP    | PLANTATION FL 33313   |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | DT                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | TODD, DAVID         |  |
| STREET ADDRESS | 7521 NW 16 ST #4104 |  |
| CITY-ST-ZIP    | PLANTATION FL 33313 |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> 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]*

4/14/03 984-791-2423

CR2E037 (10/02)