


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State


02-22-2007 90024 029 ****61.25

DOCUMENT # N01000006498	
1. Entity Name VILLAGE SQUARE PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418	Mailing Address 210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418
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DO NOT WRITE IN THIS SPACE

60018122



01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 80-0033833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WELLER, GLENN R 210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD WELLER, GLENN R 210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOREL, MICHAEL 400 MANGROVE POINT JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WINFREE, WHIT 1530 CYPRESS DR SUITE F JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____