
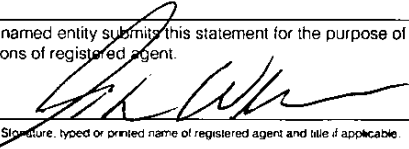
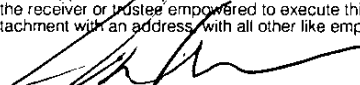


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90029 014 \*\*\*\*61.25

<b>DOCUMENT # N01000006498</b> 1. Entity Name <b>VILLAGE SQUARE PROPERTY OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418</b>		Mailing Address <b>210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418</b>	
2. Principal Place of Business - No P.O. Box # <b>12557 EQUINE LN</b>		3. Mailing Address <b>12557 EQUINE LN</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Wellington FL</b>		City & State <b>Wellington FL</b>	
Zip <b>33414</b>		Zip <b>33414</b>	
Country		Country	
4. FEI Number <b>80-0033833</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WELLER, GLENN R 210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418</b>		7. Name and Address of New Registered Agent Name <b>Weller, Glenn R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12557 EQUINE LN</b> City <b>Wellington</b> <b>FL</b> Zip Code <b>33414</b>	
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 <b>2/5/08</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD WELLER, GLENN R 210 SUNSET BAY CT PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12557 EQUINE LN Wellington FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREL, MICHAEL 400 MANGROVE POINT JUPITER, FL 33458 <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	D WINFREE, WHIT 1530 CYPRESS DR SUITE F JUPITER, FL 33469 <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	<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	<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	<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: 		G. Weller <b>2/5/08</b>	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	