

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002011

FILED
Apr 29, 2005
Secretary of State

Entity Name: VILLAGE SQUARE THC, INC.

Current Principal Place of Business:

% W MORGAN SPEER
1800 AUSTRALIAN AVE SOUTH STE 100
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

% W MORGAN SPEER
1800 AUSTRALIAN AVE SOUTH STE 100
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 20-1774502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPEER, W. MORGAN
1800 AUSTRALIAN AVE SOUTH STE 100
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HOWARD, DALE F
Address: 8057 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

Title: PD (X) Delete
Name: GEISLER, CURT
Address: 8159 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

Title: SD () Delete
Name: PAYSINGER, DAVID
Address: 8057 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: SPEER, W. MORGAN
Address: 1800 AUSTRALIAN AVENUE S., SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOWARD, DALE F
Address: 8057 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: PAYSINGER, DAVID
Address: 8057 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. MORGAN SPEER

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date