

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90087 025 \*\*\*\*61.25

**DOCUMENT # N03000002011**

1. Entity Name  
VILLAGE SQUARE THC, INC.



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

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



**DO NOT WRITE IN THIS SPACE**

03282007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
20-1774502

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

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IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	PAYSINGER, DAVID
STREET ADDRESS	8057 ARLINGTON EXPRESSWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	D
NAME	SPEER, W. MORGAN
STREET ADDRESS	1800 AUSTRALIAN AVENUE S., SUITE 100
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
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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IN THIS SPACE**

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 #