

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002011

FILED
May 01, 2008
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: PD () Delete
Name: PAYSINGER, DAVID
Address: P.O. BOX 8608
City-St-Zip: JACKSONVILLE, FL 32239

Title: STD () Delete
Name: SHIMP III, EARL
Address: P.O. BOX 8608
City-St-Zip: JACKSONVILLE, FL 32239

Title: D () Delete
Name: MELANSON, SCOTT
Address: P.O. BOX 8608
City-St-Zip: JACKSONVILLE, FL 32239

Title: D () Delete
Name: SHIEL, ED
Address: P.O. BOX 8608
City-St-Zip: JACKSONVILLE, FL 32239

Title: D (X) Delete
Name: ROSADA, MIGUEL
Address: P.O. BOX 8608
City-St-Zip: JACKSONVILLE, FL 32239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID PAYSINGER

PD

05/01/2008

Electronic Signature of Signing Officer or Director

Date