

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002476

FILED  
May 12, 2005  
Secretary of State

**Entity Name:** VILLAGE SQUARE EXECUTIVE CENTER OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 12004  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12004  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 13-4259126      **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:**

ANDREWS, BEN  
1558 VILLAGE SQUARE BLVD.  
TALLAHASSEE, FL 32309      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: PRES      ( ) Delete  
Name: ANDREWS, BEN  
Address: 1558 VILLAGE SQUARE BLVD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP      ( ) Delete  
Name: MCGROTHA, BETH  
Address: 1550 VILLAGE SQUARE BLVD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: TREA      ( ) Delete  
Name: GARVIN, BILL  
Address: 1582 VILLAGE SQUARE BLVD  
City-St-Zip: TALLAHASSEE, FL 32309

**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:

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: WILLIAM H. GARVIN, III

TREA

05/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date