## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000002476

FILED Apr 29, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

1582 VILLAGE SQUARE BLVD 1558 VILLAGE SQUARE BLVD TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309

**Current Mailing Address: New Mailing Address:** 

PO BOX 12004 TALLAHASSEE, FL 32317

FEI Number: 13-4259126 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDREWS, BEN 1558 VILLAGE SQUARE BLVD. TALLAHASSEE, FL 32309

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**OFFICERS AND DIRECTORS:** 

**PRES** (X) Change ( ) Addition () Delete

ANDREWS, BEN ANDREWS, BEN Name: Name: 1558 VILLAGE SQUARE BLVD Address: PO BOX 12800 Address:

City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32317

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: HAND, ED Name: HAND, W. EDWARD Address: 1574 VILLAGE SQUARE BLVD, SUITE 100 Address:

1574 VILLAGE SQUARE BLVD. SUITE 100 City-St-Zip:

TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309

Title: TREA () Delete Title: STD (X) Change ( ) Addition

GARVIN, III, WILLIAM H POWELL, JAN E. Name: Name: Address: 1582 VILLAGE SQUARE BLVD Address: PO BOX 12292

TALLAHASSEE, FL 32317 City-St-Zip: TALLAHASSEE, FL 32309 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: W. EDWARD HAND **VPD** 04/29/2008