

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002476

FILED
Aug 25, 2009
Secretary of State

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

Current Principal Place of Business:

1558 VILLAGE SQUARE BLVD
TALLAHASSEE, FL 32309

New Principal Place of Business:

1590 VILLAGE SQUARE BLVD
TALLAHASSEE, FL 32309

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: PD () Delete
Name: ANDREWS, BEN
Address: PO BOX 12800
City-St-Zip: TALLAHASSEE, FL 32317

Title: VPD () Delete
Name: HAND, W. EDWARD
Address: 1574 VILLAGE SQUARE BLVD, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32309

Title: STD () Delete
Name: POWELL, JAN E.
Address: PO BOX 12292
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POWELL, JAN E
Address: PO BOX 12292
City-St-Zip: TALLAHASSEE, FL 32317

Title: VPD (X) Change () Addition
Name: ANDREWS, JEANETTE
Address: PO BOX 12800
City-St-Zip: TALLAHASSEE, FL 32317

Title: STD (X) Change () Addition
Name: HAND, W. EDWARD
Address: PO BOX 13679
City-St-Zip: TALLAHASSEE, FL 32317

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

S/T

08/25/2009

Electronic Signature of Signing Officer or Director

Date