


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90010 048 ****61.25

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| DOCUMENT # N07000004629 | |  |
| 1. Entity Name VILLAGE SQUARE AT PALENCIA CONDOMINIUM ASSOCIATION, INC. | | |

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| Principal Place of Business 6 FAIRFIELD BLVD., SUITE 3 PONTE VEDRA BCH, FL 32082 | Mailing Address 6 FAIRFIELD BLVD., SUITE 3 PONTE VEDRA BCH, FL 32082 |
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| 2. Principal Place of Business - No P.O. Box # | Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 3208 | Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082 |
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401000000



02152008 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 26-0555466 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent F & L CORP ONE INDEPENDENT DR., SUITE 1300 JACKSONVILLE, FL 32202 | 7. Name and Address of New Registered Agent Name: C.P. CONNOLLY Street / City Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082 Zip Code |
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8. The above named entity submits this statement for the purpose of changing its registered office
the obligations of registered agent.

SIGNATURE C.P. Connolly C.P. CONNOLLY 4-9-08
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCHEINER, WAYNE A 6 FAIRFIELD BLVD., SUITE 3 PONTE VEDRA BCH, FL 32082 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD BORDONI, RAYMOND 6 FAIRFIELD BLVD., SUITE 3 PONTE VEDRA BCH, FL 32082 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SAMUELS, H. ALLEN 6 FAIRFIELD BLVD., SUITE 3 PONTE VEDRA BCH, FL 32082 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

4/9/08
Date

524-280-4004
Daytime Phone #