2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90034 008 ****61.25

Z4UU85Y3

DOCUMENT # N98000001522

1. Entity Name
VILLAGE SQUARE PROFESSIONAL PARK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2359 TREASURE ISLE DR., #39 PALM BEACH GARDENS, FL 33410	2359 TREASURE ISLE DR., #39 PALM BEACH GARDENS, FL 33410

2. Principal Place of Business	3. Mailing Address
210 SUNSET BAY CT	210 SUNSET BAY CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BCH GDNS FL	City & State: PALM BCH GDNS FL
Zip: 33418 Country	Zip: 33418 Country

02042004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0992282 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WELLER, GLENN R 2359 TREASURE ISLE DR., #39 PALM BEACH GARDENS, FL 33410	Name Street Address (P.O. Box Number is Not Acceptable): 210 SUNSET BAY CT City: PALM BCH GDNS **FL** Zip Code: 33418

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 2/4/04
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, 2004

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	PASD WELLER, GLENN ~~2359 TREASURE ISLE DR., #39~~ 210 SUNSET BAY CT PALM BEACH GARDENS, FL ~~33410~~ 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD MOREL, MIKE 6135 LINTON ST. JUPITER, FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WINFREE, WHIT 1461 CYPRESS DRIVE JUPITER, FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 2/4/04 (561)691-9189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #