2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

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

Principal Place of Business
210 SUNSET BAY CT
PALM BEACH GARDENS, FL 33418

Mailing Address
210 SUNSET BAY CT
PALM BEACH GARDENS, FL 33418

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02062005 No 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

WELLER, GLENN R
210 SUNSET BAY CT
PALM BEACH GARDENS, FL 33418

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PASD
NAME	WELLER, GLENN
STREET ADDRESS	210 SUNSET BAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VPSD
NAME	MOREL, MIKE
STREET ADDRESS	6135 LINTON ST.
CITY-ST-ZIP	JUPITER, FL 33418
TITLE	VPD
NAME	WINFREE, WHIT
STREET ADDRESS	1461 CYPRESS DRIVE
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/05-80033-018 61.25

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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: GLENN WELLER 2/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #