

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000001522

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



Principal Place of Business
400 VILLAGE SQUARE XING
SUITE 1
PALM BEACH GARDENS, FL 33418

Mailing Address
400 VILLAGE SQUARE XING
SUITE 1
PALM BEACH GARDENS, FL 33418



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

DAMERAU, MARK T DMD
400 VILLAGE SQUARE XING
SUITE 1
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE
IN THIS SPACE**

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

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAMERAU, MARK T DMD
STREET ADDRESS 400 VILLAGE SQUARE XING, STE 1
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE VPD
NAME RIETWYK, TOM
STREET ADDRESS 100 VILLAGE SQUARE XING
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE SD
NAME BENDICK, OSCAR
STREET ADDRESS 5839 WHIRLAWAY RD.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE D
NAME DE SETTO, FRANK
STREET ADDRESS 800 VILLAGE SQUARE XING
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

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IN THIS SPACE**

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1-22-08 622-8998