

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 8:00 am
Secretary of State

01-20-2006 90025 009 ***158.75

DOCUMENT # P00000060083

1. Entity Name
VILLAGE SQUARE WEST CHAMP, INC.



Principal Place of Business
**11968 NORTH FLORIDA AVENUE
TAMPA, FL 33612-5222**

Mailing Address
**11968 NORTH FLORIDA AVENUE
TAMPA, FL 33612-5222**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3657520

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DI GERLANDO, JOSEPH
11968 NORTH FLORIDA AVENUE
TAMPA, FL 33612-5222**

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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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DI GERLANDO, JOSPEH
10116 LINDELAAN DRIVE
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DI GERLANDO, CARMEN
10116 LINDELAAN DRIVE
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 #



ATTACHMENT FEB 13 2006

66002237

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2006

VILLAGE SQUARE WEST CHAMP, INC.
11968 NORTH FLORIDA AVENUE
TAMPA, FL 33612-5222

Subject: VILLAGE SQUARE WEST CHAMP, INC.

Reference Number:

P00000060083

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION