

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000015593**

1. Entity Name  
VILLAGE SQUARE PROFESSIONAL PARK, INC.



Principal Place of Business  
400 VILLAGE SQUARE CROSSING., SUITE 1  
PALM BEACH GARDENS, FL 33410

Mailing Address  
400 VILLAGE SQUARE CROSSING., SUITE 1  
PALM BEACH GARDENS, FL 33410



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0558048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

DAMERAU, MARK  
400 VILLAGE SQUARE CROSSING., SUITE 1  
PALM BEACH GARDENS, FL 33410

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

1100000403014  
02/03/06-80031-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PS
NAME	DAMERAU, MARK
STREET ADDRESS	400 VILLAGE SQUARE CROSSING., SUITE 1
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410

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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 #