2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000015593

1. Entity Name
VILLAGE SQUARE PROFESSIONAL PARK, INC.

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

DO NOT WRITE IN THIS SPACE

01122007   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0558048	Applied For Not Applicable

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

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6. Name and Address of Current Registered Agent

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

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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 _____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

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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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1/29/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #