## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P95000015593

1. Entity Name

VILLÁGE SQUARE PROFESSIONAL PARK, INC.

Principal Place of Business

Mailing Address

400 VILLAGE SOUARE CROSSING., SUITE 1 PALM BEACH GARDENS, FL 33410

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

**FILED** Jan 25, 2008 08:00 A Secretary of State



DO	NOT	<b>WRITE</b>	IN	<b>THIS</b>	SPACE

01092008 No Chg-P CR2E034 (11/05) Applied For

65-0558048 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

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

changed, or on an attachme

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

4. FEI Number

				•				
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 - Lam familiar with, and accept the obligations of registered agent								
SIGNATURE.	Signature, typed or printed name of registered agent and title	quired when reinstating)	DAIE					
Signature, types or privide rating or registeries agent and time in applicables (1901). Registeries				in advance, edward under tan attimity.				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		<ol><li>Election Campaign Finar Trust Fund Contribution.</li></ol>		\$5.00 May Be Added to Fees	,			
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DAMERAU, MARK 400 VILLAGE SQUARE CROSSING., PALM BEACH GARDENS, FL 33410	SUITE 1		•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000797947 			
TITLE NAME STREET ADDRESS CITY ST-ZIP				D <sub>O</sub>	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		•	e.			
12. Hereby certify that the information supplied with the filing does not qualify for the exemptions compared in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this poort as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if								

, with all other like empowe