


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90040 031 \*\*\*\*61.25

0071698

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # NO4796**

1. Corporation Name  
**VILLAS ON THE SQUARE CONDOMINIUM ASSOCIATION OF PENSACOLA, INC.**

Principal Place of Business SUITE 802, SUN BANK TOWER P O BOX 30038 PENSACOLA FL 32503-1038	Mailing Address SUITE 802, SUN BANK TOWER P O BOX 30038 PENSACOLA FL 32503-1038
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/21/1984	4. FEI Number 59-2420136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent  WILKES, CAROL, CPM 220 W GARDEN ST SUITE 802 PENSACOLA FL 32501	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
---	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DASSINGER, JACK	1.2 NAME	OVP VICTOR SMITH
STREET ADDRESS	5001 GRANDE DRIVE, 1123	1.3 STREET ADDRESS	5001 GRANDE DR, 324
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRENN, BETTY SUE	2.2 NAME	D RENE WEST
STREET ADDRESS	5001 GRANDE DR, #1511	2.3 STREET ADDRESS	P.O. BOX 2581
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA, FL 32513
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, PHIL	3.2 NAME	
STREET ADDRESS	5001 GRANDE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, ROY	4.2 NAME	
STREET ADDRESS	5001 GRANDE DR, #1111	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADCOCK, JOHN	5.2 NAME	
STREET ADDRESS	5001 GRANDE DR, #412	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED 1/7/99 850 433 5335  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)