

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90119 037 \*\*\*\*61.25

DOCUMENT # **N04796**

1. Entity Name

VILLAS ON THE SQUARE CONDOMINIUM ASSOCIATION OF  
 PENSACOLA, INC.

Principal Place of Business

5001 Grande Drive  
 Pensacola, FL 32504

Mailing Address

P.O. Box 30038  
 Pensacola, FL 32503-1038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2420136

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Carol Wilkes, CPM  
 220 W. Garden Street  
 Suite 303  
 Pensacola, FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D/P Jack Dasinger 5001 Grande Drive, 1123 Pensacola, FL 32504	<input type="checkbox"/>		
D/S/T John Adcock 5001 Grande Drive, 412 Pensacola, FL 32504	<input type="checkbox"/>		
D Rene West P.O. Box 2581 Pensacola, FL 32513	<input type="checkbox"/>		
D/VP Bob Bauspies 5001 Grande Drive, 623 Pensacola, FL 32504	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

12. 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 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 617, 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: *Jack Dasinger*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2000

Date

850-433-5335

Daytime Phone #

CR2E037 (9/99)