

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90089 025 ****61.25

DOCUMENT # NO47910 ✓
1. Entity Name **VILLAS ON THE SQUARE CONDOMINIUM ASSOCIATION
OF PENSACOLA, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5001 Grande Drive
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 30038
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Pensacola, FL 32504		City & State Pensacola, FL 32503		4. FEI Number 59-2420136	Applied For Not Applicable
Zip 32504	Country Escambia	Zip 32503	Country Escambia	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Carol Wilkes, CPM

Street Address (P.O. Box Number is Not Acceptable)
220 W. Garden St., Suite 303

City
Pensacola FL Zip Code
32501

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Bob Bauspies 829 Ladner Drive Pensacola, FL 32505	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Jack Dasinger 5001 Grande Drive, 1123 Pensacola, FL 32504	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/Sec-Tres. Jean DeFries 2991 Meredith Drive Pensacola, FL 32504	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert O. Bauspies **ROBERT O. BAUSPIES** 3/1/02 (850) 449-0920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)