


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90221 048 ****61.25

DOCUMENT # N04796

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



Principal Place of Business
5001 GRANDE DR. PENSACOLA, FL 32504

Mailing Address
P.O BOX 30038 PENSACOLA, FL 32503

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
59-2420136

Applied For
 Not Applicable

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

02232007 Chg-NP CR2E037 (12/06)



6. Name and Address of Current Registered Agent

WILKES, CAROL, CPM
220 W GARDEN ST #303
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name **Susan Moody**

Street Address (P.O. Box Number is Not Acceptable)
33 So. 9th Ave

City **Pensacola** FL Zip Code **32509**

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 *Susan L Moody* DATE **2-25-07**

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

Filing Fee is \$61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BELL, ROBERT	
STREET ADDRESS	601 S PALAFOX ST	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	JONES, STEVE	
STREET ADDRESS	121 S PALAFOX STE C	
CITY-ST-ZIP	PENSACOLA, FL 32502	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	DEER, DORIS	
STREET ADDRESS	5001 GRANDE DR	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIS, WAYNE	
STREET ADDRESS	5001 GRANDE DR., 1111	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EASTER, LOIS	
STREET ADDRESS	5001 GRANDE DR., 1812	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Van Atta D.	
STREET ADDRESS	3950 Harbors Port St.	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne Willis	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paula Manceri D	
STREET ADDRESS	5001 Grande Dr # 621	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *Wayne Willis*

4-17-07