

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90028 022 ****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.

3. Mailing Address
P.O. Box 12507
 Suite, Apt. #, etc.

City & State
Pensacola FL

City & State
Pensacola FL

Zip
32501

Country
US



02052008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**WILKES, CAROL, CPM
 33 SO. 9TH AVE
 PENSACOLA, FL 32502**

7. Name and Address of New Registered Agent
 Name **Susan L Moody**
 Street Address (P.O. Box Number is Not Acceptable)
33 So. 9th Ave
 City **Pensacola** FL Zip Code **32502**

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 **2-8-08**

Filing Fee Is \$61.25 Due by May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP | PD BELL, ROBERT 601 S PALAFOX ST PENSACOLA, FL 32501 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST JONES, STEVE 121 S PALAFOX STE C PENSACOLA, FL 32502 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VAN ATTA, RICHARD 3950 HARBORS PORT ST PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WILLIS, WAYNE 5001 GRANDE DR., 1111 PENSACOLA, FL 32504 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MANCERI, PAULA 5001 GRANDE DR #621 PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Marc Goldberg <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4355 DIVERGENT DR. PENSACOLA, FL 32504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5001 Grande Dr. Pensacola FL 32504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treas. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Gracia Moody Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2713 Deluna way Milton, FL 32583 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carl Carnley 412 Kennedy Blvd Gulf Breeze, FL 32563 |

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: **Stephen M. Jones** **Stephen M Jones** DATE: **2-14-08** DAYTIME PHONE #: **850-434-7633**