

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90518 035 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2420136**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP**  Delete  
NAME **DASINGER, JACK**  
STREET ADDRESS **5001 GRANDE DR #1123**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D/P**  Change  Addition  
NAME **ROBERTSON, Scott**  
STREET ADDRESS **5001 Grande Drive, 1723**  
CITY-ST-ZIP **Pensacola, FL 32504**

TITLE **DP**  Delete  
NAME **BAUSPIES, BOB**  
STREET ADDRESS **829 LADNER DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D**  Change  Addition  
NAME **ROBERTSON, Scott**  
STREET ADDRESS **5001 Grande Drive, 1723**  
CITY-ST-ZIP **Pensacola, FL 32504**

TITLE **DST**  Delete  
NAME **DEFRIES, JEAN**  
STREET ADDRESS **2991 MEREDITH DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D/VP**  Change  Addition  
NAME **WILLIS, Wayne**  
STREET ADDRESS **5001 Grande Drive, 1111**  
CITY-ST-ZIP **Pensacola, FL 32504**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Change  Addition  
NAME **STUPARICH, Nancy**  
STREET ADDRESS **113 W. Strong Street**  
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/03 850-484-6798**  
Date Davina Phone #

CR2E037 (10/02)