## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04796

Entity Name: VILLAS ON THE SQUARE CONDOMINIUM ASSOCIATION OF

PENSACOLA, INC.

Jan 28, 2023 **Secretary of State** 1459380184CC

**FILED** 

## **Current Principal Place of Business:**

5001 GRANDE DR PENSACOLA, FL 32504

## **Current Mailing Address:**

PO BOX 12507

PENSACOLA, FL 32591 US

FEI Number: 59-2420136 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MOODY, SUSAN L 657 EAST ROMANA ST. PENSACOLA, FL 32502 US

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:

Name

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR, SECRETARY Title

> BLACKMON, CHERYL Name BURCAR, CATHERINE

Address PO BOX 12507 Address PO BOX 12507

City-State-Zip: PENSACOLA FL 32591 City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR, VP Title DIRECTOR, TREASURER Name MOUDRY, GAYLA R Name FLACK, STEVE Address PO BOX 12507 Address PO BOX 12507

City-State-Zip: PENSACOLA FL 32591 City-State-Zip: PENSACOLA FL 32591

Title **DIRECTOR** Title DIRECTOR

Name CROSS, CHERYL Name JONES, STEPHEN M Address PO BOX 12507 PO BOX 12507 Address

City-State-Zip: PENSACOLA FL 32591 City-State-Zip: PENSACOLA FL 32591

Title **DIRECTOR** 

Name CHANSLOR, AMANDA FISKE

SIGNATURE: CATHERINE BURCAR

Address PO BOX 12507

PENSACOLA FL 32591 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

PD, DIRECTOR

01/28/2023