

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04796

**FILED**  
**Feb 10, 2015**  
**Secretary of State**  
**CC5301185515**

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

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	SD	Title	VPD
Name	DEFRIES, JEAN	Name	SHARRON, THOMAS
Address	657 EAST ROMANA ST.	Address	657 EAST ROMANA ST.
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502
Title	PD	Title	TD
Name	JONES, STEPHEN M	Name	MOUDRY, GAYLA R
Address	657 EAST ROMANA ST.	Address	657 EAST ROMANA ST.
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502
Title	DIRECTOR		
Name	NEELEY, BRUCE		
Address	657 EAST ROMANA ST.		
City-State-Zip:	PENSACOLA FL 32502		

*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.*

**SIGNATURE: STEPHEN M. JONES**

**PRESIDENT**

**02/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date