

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04796

**FILED**  
**Jan 16, 2017**  
**Secretary of State**  
**CC3344037581**

**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  
Name DEFRIES, JEAN  
Address 657 EAST ROMANA ST.  
City-State-Zip: PENSACOLA FL 32502

Title PD  
Name JONES, STEPHEN M  
Address 657 EAST ROMANA ST.  
City-State-Zip: PENSACOLA FL 32502

Title TD  
Name MOUDRY, GAYLA R  
Address 657 EAST ROMANA ST.  
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR, VP  
Name NEELEY, BRUCE  
Address 657 EAST ROMANA ST.  
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR  
Name FLOWERS, FAYE  
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**

**01/16/2017**

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

\_\_\_\_\_  
Date