

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04796

**FILED  
Jul 12, 2022  
Secretary of State  
3306277692CC**

**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 DIRECTOR, SECRETARY  
Name BLACKMON, CHERYL  
Address PO BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title PD, DIRECTOR  
Name BURCAR, CATHERINE  
Address PO BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR, TREASURER  
Name MOUDRY, GAYLA R  
Address PO BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR  
Name NEELEY, BRUCE  
Address PO BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR, VP  
Name JONES, STEPHEN M  
Address PO BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR  
Name CROSS, CHERYL  
Address PO BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR  
Name CHANSLOR, AMANDA FISKE  
Address PO BOX 12507  
City-State-Zip: PENSACOLA FL 32591

*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: CATHERINE BURCAR**

**PRESIDENT**

**07/12/2022**

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

\_\_\_\_\_  
Date