

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11122

**Entity Name:** TOWNE SQUARE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

**FILED**  
**Mar 08, 2024**  
**Secretary of State**  
**5068317486CC**

**Current Principal Place of Business:**

5051 GRANDE DR  
PENSACOLA, FL 32504

**Current Mailing Address:**

5051 GRANDE DR  
BOX 11  
PENSACOLA, FL 32504 US

**FEI Number: 59-2607260**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

NOVATKA, MARK J  
5051 GRANDE DR  
BOX 11  
PENSACOLA, FL 32504 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: MARK J NOVATKA**

**03/08/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NOVATKA, MARK J  
Address        5051 GRANDE DR  
                  UNIT M-1  
City-State-Zip: PENSACOLA FL 32504

Title            VP  
Name            BURNS, TERRELL W  
Address        11934 SO GREEN ROAD  
City-State-Zip: RIVERDALE MI 48877

Title            SECRETARY  
Name            COLLEY, LORA  
Address        P. O. BOX 9208  
City-State-Zip: PENSACOLA FL 32513

Title            TREASURER  
Name            FRITZ, PAUL R  
Address        5051 GRANDE DR  
                  I-3  
City-State-Zip: PENSACOLA FL 32504

Title            DIRECTOR  
Name            BUSH, SCOTT  
Address        5051 GRANDE DR  
                  K-4  
City-State-Zip: PENSACOLA FL 32504

Title            DIRECTOR  
Name            ANDRE, SCOTT  
Address        5051 GRANDE DR  
                  UNIT E-4  
City-State-Zip: PENSACOLA FL 32504

Title            DIRECTOR  
Name            MATHEWS, JAMIE  
Address        5051 GRANDE DR  
                  UNIT M-4  
City-State-Zip: PENSACOLA FL 32504

*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: MARK J NOVATKA**

**PRESIDENT**

**03/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date