

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762058 (6)
1. Corporation Name
THE PENSACOLA SCENIC ARMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **600 SCENIC HIGHWAY PENSACOLA FL 32503**
Mailing Address: **600 SCENIC HIGHWAY PENSACOLA FL 32503**

3. Date Incorporated or Qualified: **02/23/1982**
3a. Date of Last Report: **03/01/1995**
4. FEI Number: **59-2398881**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ETHERIDGE PROPERTY MANAGEMENT INC
4711 SCENIC WAY
SUITE A
PENSACOLA FL 32504**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, BEDFORD C	1.2 NAME	
STREET ADDRESS	4170 STRINGFIELD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIMS, WALTER	2.2 NAME	ARCHIE HOVENESIAN
STREET ADDRESS	600 SCENIC HWY #101	2.3 STREET ADDRESS	600 SCENIC HIGHWAY #223
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA, FLORIDA 32503
TITLE	VP D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIM, LOYD	3.2 NAME	
STREET ADDRESS	600 SCENIC HWY # 124	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, RAYMOND	4.2 NAME	
STREET ADDRESS	3208 WISTERIA RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, MS 39701	4.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY, MILL	5.2 NAME	
STREET ADDRESS	600 SCENIC HWY # 120	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY LOU BROWN	6.2 NAME	
STREET ADDRESS	600 SCENIC HWY #303	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: KEVIN R. ETHERIDGE FEBRUARY 26, 1996 904-434-3585

CR2E037 (12/95)