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**Feb 25 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 762058 (6)

1. Corporation Name

**THE PENSACOLA SCENIC ARMS CONDOMINIUM ASSOCIATI
ON, INC.**



Principal Place of Business

Mailing Address

**600 SCENIC HIGHWAY
PENSACOLA FL 32503**

**600 SCENIC HIGHWAY
PENSACOLA FL 32503-6741**

3. Date Incorporated or Qualified
02/23/1982

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2398881

Applied For

Not Applicable

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

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)

3298 SUMMIT BLVD. SUITE 4

83

84 City

PENSACOLA, FL. 32503 FL

85 Zip Code

32503

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **BRADLEY, BEDFORD C**
STREET ADDRESS **4170 STRINGFIELD RD**
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **HOVENESIAN, ARCHIE**
STREET ADDRESS **600 SCENIC HIGHWAY #223**
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VPD** DELETE
NAME **SIM, LOYD**
STREET ADDRESS **600 SCENIC HWY #124**
CITY-ST-ZIP **PENSACOLA FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **FAULKNER, RAYMOND**
STREET ADDRESS **3208 WISTERIA RD.**
CITY-ST-ZIP **COLUMBUS, MS 39701**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **STD** DELETE
NAME **HARRY, MILL**
STREET ADDRESS **600 SCENIC HWY #120**
CITY-ST-ZIP **PENSACOLA FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **MARY, LOU B**
STREET ADDRESS **600 SCENIC HWY #303**
CITY-ST-ZIP **PENSACOLA FL**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **X Bedford C Bradley** **Bedford C. BRADLEY** 2-13-97 904-434-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072684

CR2E037 (9/96)