

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90221 020 ****61.25

DOCUMENT # 762058

1. Entity Name

THE PENSACOLA SCENIC ARMS CONDOMINIUM ASSOCIATI

Principal Place of Business

Mailing Address

600 SCENIC HIGHWAY
 PENSACOLA FL 32503

600 SCENIC HIGHWAY
 PENSACOLA FL 32503-6741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2398881

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ETHERIDGE PROPERTY MANAGEMENT INC
3298 SUMMIT BLVD STE 4
SUITE A
PENSACOLA FL 32504

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	BRADLEY, BEDFORD C	4170 STRINGFIELD RD	PENSACOLA FL	<input checked="" type="checkbox"/>
D	HOVENESIAN, ARCHIE	600 SCENIC HIGHWAY #223	PENSACOLA FL	<input type="checkbox"/>
VPD	SIM, LOYD	600 SCENIC HWY #124	PENSACOLA FL	<input checked="" type="checkbox"/>
D	FAULKNER, R	1333 MAPLE VIEW DR	W PT MS 39977	<input type="checkbox"/>
STD	HARRY, MILL	600 SCENIC HWY #120	PENSACOLA FL	<input checked="" type="checkbox"/>
D	MARY, LOU B	600 SCENIC HWY #303	PENSACOLA FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Director	Martha Brockinton	600 Scenic Hwy # 200	Pensacola Fl. 32503	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Pat white	600 Scenic Hwy # 312	Pensacola Fl. 32503	<input type="checkbox"/>	<input type="checkbox"/>
President				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Donna Weidner	600 Scenic Hwy # 102	Pensacola Fl. 32503	<input type="checkbox"/>	<input type="checkbox"/>
Sec/Treasurer				<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. Raymond Faulkner
S. Raymond Faulkner

4-13-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #