

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

0017147

04-11-2001 90060 023 \*\*\*\*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

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

*[Handwritten Signature]*

**4-5-01**

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	D	<input type="checkbox"/> Delete
NAME	BROCKINTON, MARTHA	
STREET ADDRESS	600 SCENIC HWY #206	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOVENESIAN, ARCHIE	
STREET ADDRESS	600 SCENIC HIGHWAY #223	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, PAT	
STREET ADDRESS	600 SCENIC HWY #124	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FAULKNER, R	
STREET ADDRESS	1333 MAPLE VIEW DR	
CITY-ST-ZIP	W PT MS 39977	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEIDNER, DONNA	
STREET ADDRESS	600 SCENIC HWY #120	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MARY, LOU B	
STREET ADDRESS	600 SCENIC HWY #303	
CITY-ST-ZIP	PENSACOLA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jan Foster	
STREET ADDRESS	735 S. Alfred Street	
CITY-ST-ZIP	Alexandria, VA 22314	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Kehoe	
STREET ADDRESS	600 Scenic Hwy # 307	
CITY-ST-ZIP	Pensacola FL 32503	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Taylor	
STREET ADDRESS	600 Scenic Hwy 104	
CITY-ST-ZIP	Pensacola FL 32503	

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**VP. 4-7-01 850-434-3585**

CR2E037 (10/00)