

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90144 013 ****61.25

DOCUMENT # 762058

1. Entity Name

THE PENSACOLA SCENIC ARMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

600 SCENIC HIGHWAY
 PENSACOLA FL 32503

600 SCENIC HIGHWAY
 PENSACOLA FL 32503

430588



DO NOT WRITE IN THIS SPACE

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

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

Prestige Properties Inc
 6706 N. 9th Ave
 Ste C-4
 Pensacola 71 32504

Name **Prestige Properties Inc**
 Street Address (P.O. Box Number is Not Acceptable)
 6706 N 9th Ave Ste C-4
 Pensacola FL 32504

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 *C. J. Mylund President*

DATE *4/28/08*

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 checked="" type="checkbox"/> Delete
NAME	BROCKINTON, MARTHA	
STREET ADDRESS	600 SCENIC HWY #206	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, JAN	
STREET ADDRESS	735 S ALFRED STREET	
CITY-ST-ZIP	ALEXANDRIA VA 22314	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, PAT	
STREET ADDRESS	600 SCENIC HWY #124	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEHOE, LINDA	
STREET ADDRESS	600 SCENIC HWY #307	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WEIDNER, DONNA	
STREET ADDRESS	600 SCENIC HWY #120	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TAYLOR, HELEN	
STREET ADDRESS	600 SCENIC HWY #303	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fontaine, 410	
STREET ADDRESS	2299 Scenic Hwy L-3	
CITY-ST-ZIP	Pensacola 71 32503	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hefflefinger, Myrtle	
STREET ADDRESS	600 Scenic Hwy 103	
CITY-ST-ZIP	Pensacola 71 32503	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Talhard, Tom	
STREET ADDRESS	600 Scenic Hwy 320	
CITY-ST-ZIP	Pensacola 71 32503	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murphy, Rod	
STREET ADDRESS	Ste 329 800 Kasalle Blvd	
CITY-ST-ZIP	Sudbury Ontario	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilburn Tiner	
STREET ADDRESS	3165 Raines Ct	
CITY-ST-ZIP	Pensacola 71 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *ROD MURPHY* **REQUIRED** *Rod Murphy Dir - (850) 969-1300*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)