


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90001 037 ****61.25

DOCUMENT # 762058	
1. Entity Name THE PENSACOLA SCENIC ARMS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 600 SCENIC HIGHWAY PENSACOLA, FL 32503	Mailing Address 6706 N 9TH AVE BLDG A STE 1 PENSACOLA, FL 32504
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2. Principal Place of Business	3. Mailing Address 528 W Garden St
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 2
City & State	City & State Pensacola FL
Zip	Country
32502	



06172004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2398881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PRESTIGE PROPERTIES INC
 6706 N 9TH AVE STE C-4
 PENSACOLA, FL 32504

7. Name and Address of New Registered Agent

Name: Prestige Properties Inc
 Street Address (P.O. Box Number is Not Acceptable):
 528 W. Garden St Ste 2
 City: Pensacola FL Zip Code: 32502

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FONTAINE, FLO	
STREET ADDRESS	2299 SCENIC HWY L-3	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TELHARD, TOM	
STREET ADDRESS	600 SCENIC HWY 320	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, ROD	
STREET ADDRESS	800 LASALLE BLVD, STE 329	
CITY-ST-ZIP	SUDBURY ONTARIO,	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TINER, WILBURN	
STREET ADDRESS	3165 RAINES CT	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRITSCH, PHYLLIS	
STREET ADDRESS	600 SCENIC HWY 107	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Neve Fontaine* PD 6-18-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #