


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90158 010 ****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
**528 W. GARDEN STREET - SUITE 2
 PENSACOLA, FL 32502**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03222005 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		7. Name and Address of New Registered Agent	
PRESTIGE PROPERTIES INC 528 W. GARDEN STREET - SUITE 2 PENSACOLA, FL 32502		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. 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 \$81.25 Due by May 1, 2005	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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FONTAINE, FLO			NAME	JAN Foster		
STREET ADDRESS	2299 SCENIC HWY L-3			STREET ADDRESS	3213 DUKE ST. 212		
CITY-ST-ZIP	PENSACOLA, FL 32503			CITY-ST-ZIP	Alexandria Va 22314		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TELHARD, TOM			NAME	Gary Erins		
STREET ADDRESS	600 SCENIC HWY 320			STREET ADDRESS	1600 Governors DR		
CITY-ST-ZIP	PENSACOLA, FL 32503			CITY-ST-ZIP	Pensacola FL 32514		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TRITSCH, PHYLLIS			NAME	Gary Rhodes		
STREET ADDRESS	600 SCENIC HWY 107			STREET ADDRESS	5907 Dallas ave		
CITY-ST-ZIP	PENSACOLA, FL 32503			CITY-ST-ZIP	Pensacola FL 32514		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	DR. Tommy Carney		
STREET ADDRESS				STREET ADDRESS	1701 Greenbriar		
CITY-ST-ZIP				CITY-ST-ZIP	Blythville Ar 72315		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(1), 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:  **E.J. Mylund** **4/22/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #