

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762058

FILED
Jun 01, 2008
Secretary of State

Entity Name: THE PENSACOLA SCENIC ARMS CONDOMINIUM ASSOCIATI ON, INC.

Current Principal Place of Business:

600 SCENIC HIGHWAY
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

PO BOX 12507
PENSACOLA, FL 32591

New Mailing Address:

FEI Number: 59-2398881 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MONTGOMERY MANAGEMENT ASSOCIATES
33 S. 9TH AVE
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RHODES, GARY
Address: 5907 DALLAS AVE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: MOORE, STELLA
Address: 600 SCENIC HWY # 122
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: CARNEY, TOMMY
Address: 1701 GREENBRIAR
City-St-Zip: BLYTHVILLE, AR 72315

Title: STD (X) Delete
Name: WALDROP, RICHARD
Address: 600 SCENIC HWY 212
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: BROCKINGTON, MARTHA
Address: 600 SCENIC HWY., #206
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROWN, MARY LOU
Address: 600 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32503

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY RHODES

Electronic Signature of Signing Officer or Director

PRES

06/01/2008

Date