


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91441 049 ****61.25

DOCUMENT # 762058

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



Principal Place of Business Mailing Address

**600 SCENIC HIGHWAY
PENSACOLA FL 32503** **600 SCENIC HIGHWAY
PENSACOLA FL 32503**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

6706 N. 9th Ave

City & State City & State

Pensacola FL

4. FEI Number **59-2398881** Applied For
Not Applicable

Zip Country Zip Country

32504

5. Certificate of Status Desired **\$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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

**Make Check Payable to
Florida Department of State**

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	D	<input checked="" type="checkbox"/> Delete
NAME	HEFFLEFINGER, MYRTLE	
STREET ADDRESS	600 SCENIC HWY 103	
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 type="checkbox"/> Delete
NAME	MURPHY, ROD	
STREET ADDRESS	800 LASALLE BLVD, STE 329	
CITY-ST-ZIP	SUDBURY ONTARIO	
TITLE	D	<input type="checkbox"/> Delete
NAME	TINER, WILBURN	
STREET ADDRESS	3165 RAINES CT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, HELEN	
STREET ADDRESS	600 SCENIC HWY #303	
CITY-ST-ZIP	PENSACOLA FL 32503	

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	D Phyllis Tritsch	
STREET ADDRESS	600 Scenic Hwy 107	
CITY-ST-ZIP	Pensacola FL 32503	
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: *Hercules Fontaine* 4/23/03 850 435-17883

CR2E037 (10/02)