

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 FEB 17 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763059 (3)
1. Corporation Name
SPYGLASS POINT CONDOMINIUM ASSOCIATION OF PENSACOLA, INC.

Principal Place of Business Mailing Address
4711-A SCENIC HWY PENSACOLA FL 32504 4711-A SCENIC HWY PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/30/1982 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2266344 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
ETHERIDGE, RAY O.
4711 A SCENIC HWY
PENSACOLA FL 32504

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEAD, JACQUELINE
STREET ADDRESS	2201 SCENIC HWY L-3
CITY - ST - ZIP	PENSACOLA FL
TITLE	VD
NAME	COVILL, EDWARD
STREET ADDRESS	2201 SCENIC HWY., E-7
CITY - ST - ZIP	PENSACOLA FL
TITLE	PD
NAME	WARREN, JANE
STREET ADDRESS	2201 SCENIC HWY P2
CITY - ST - ZIP	PENSACOLA FL
TITLE	PD
NAME	WARREN, JANE
STREET ADDRESS	2201 SCENIC HWY P2
CITY - ST - ZIP	PENSACOLA FL
TITLE	DS
NAME	DUKES, TRICE
STREET ADDRESS	3375 ROMMITCH COURT
CITY - ST - ZIP	PENSACOLA FL
TITLE	D
NAME	GRIFFIN, FRANCIS
STREET ADDRESS	2201 SCENIC HWY D-1
CITY - ST - ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	Jane Warren
3.4 CITY - ST - ZIP	2201 Scenic Hwy P2 Pensacola, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STD
4.3 STREET ADDRESS	Mary Nolan
4.4 CITY - ST - ZIP	2201 Scenic Hwy P2 Pensacola, FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Trice Dukes
5.4 CITY - ST - ZIP	3375 Rommitch Court Pensacola - FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jane Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/95
DATE

904-435-3585
TELEPHONE NUMBER