

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 763059 (3)

1. Corporation Name

SPYGLASS POINT CONDOMINIUM ASSOCIATION OF PENSACOLA, INC.



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

3. Date Incorporated or Qualified: 04/30/1982
3a. Date of Last Report: 02/17/1995
4. FEI Number: 59-2266344
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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 617.0502 and 617.1508, 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 617.0503, 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	<input type="checkbox"/> DELETE
NAME	MEAD, JACQUELINE	
STREET ADDRESS	2201 SCENIC HWY L-3	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COVILL, EDWARD	
STREET ADDRESS	2201 SCENIC HWY., E-7	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WARREN, JANE	
STREET ADDRESS	2201 SCENIC HWY P2	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NOLAN, MARY	
STREET ADDRESS	2201 SCENIC HWY F2	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUKES, TRICE	
STREET ADDRESS	3375 ROMMITCH COURT	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, FRANCIS	
STREET ADDRESS	2201 SCENIC HWY D-1	
CITY - ST - ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	JOHN HORTON	
13 STREET ADDRESS	2201 SCENIC HIGHWAY H-7	
14 CITY - ST - ZIP	PENSACOLA, FLORIDA 32503	
21 TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SHARON SHELTON	
23 STREET ADDRESS	7300 MALLORY CIRCLE	
24 CITY - ST - ZIP	ALEXANDRIA, VA 22310	
31 TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	LAWRENCE KING	
33 STREET ADDRESS	2201 SCENIC HIGHWAY F-4	
34 CITY - ST - ZIP	PENSACOLA, FLORIDA 32503	
41 TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	BUNICE F CARR	
43 STREET ADDRESS	2201 SCENIC HIGHWAY N-3	
44 CITY - ST - ZIP	PENSACOLA, FLORIDA 32503	
51 TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	JOSEPHINE LEMMONS	
53 STREET ADDRESS	2201 SCENIC HIGHWAY O-3	
54 CITY - ST - ZIP	PENSACOLA, FLORIDA 32503	
61 TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	MICHAEL O'QUINN	
63 STREET ADDRESS	2201 SCENIC HIGHWAY P-8	
64 CITY - ST - ZIP	PENSACOLA, FLORIDA 32503	

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 119.07(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 617, 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* JANE WARREN FEBRUARY 2, 1996 (904) 434-3585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)