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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

4711-A SCENIC HWY
PENSACOLA FL 32504

4711-A SCENIC HWY
PENSACOLA FL 32504-9018

3. Date Incorporated or Qualified
04/30/1982

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

2a. Mailing Address

21 3298 SUMMIT BLVD.

26 3298 SUMMIT BLVD.

4. FEI Number
59-2266344

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 SUITE 4

27 SUITE 4

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23 PENSACOLA, FL.

28 PENSACOLA, FL.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip Country

Country

Zip Country

Country

24 32503

25 ESCAMBIA

29 32503

30 ESCAMBIA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ETHERIDGE, RAY O.
4711 A SCENIC HWY
PENSACOLA FL 32504

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3298 SUMMIT BLVD.

83 SUITE 4

84 City PENSACOLA, FL

85 Zip Code 32503

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME MEAD, JACQUELINE
STREET ADDRESS 2201 SCENIC HWY L-3
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME COVILL, EDWARD
STREET ADDRESS 2201 SCENIC HWY., E-7
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE DVP Change Addition
2.2 NAME O'QUINN, MICHAEL
2.3 STREET ADDRESS 2201 SCENIC HWY P-8
2.4 CITY-ST-ZIP PENSACOLA, FL. 32503

TITLE PD DELETE
NAME WARREN, JANE
STREET ADDRESS 2201 SCENIC HWY P2
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE STD DELETE
NAME NOLAN, MARY
STREET ADDRESS 2201 SCENIC HWY F2
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME LEMMONS, JOSEPHINE
STREET ADDRESS 2201 SCENIC HWY O-3
CITY-ST-ZIP PENSACOLA FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME GRIFFIN, FRANCIS
STREET ADDRESS 2201 SCENIC HWY D-1
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* 2/26/97 904-434-3585

CR2E037 (9/96)