

FILE NOW: FILING FEE IS \$61.25

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**May 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763059 (3)

1. Corporation Name
SPYGLASS POINT CONDOMINIUM ASSOCIATION OF PENSACOLA, INC.



Principal Place of Business 3298 SUMMIT BLVD SUITE 4 PENSACOLA FL 32503 US	Mailing Address 3298 SUMMIT BLVD SUITE 4 PENSACOLA FL 32503 US
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3. Date Incorporated or Qualified 04/30/1982
4. FEI Number 59-2266344
Applied For Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**ETHERIDGE, RAY O.
3298 SUMMIT BLVD
SUITE 4
PENSACOLA FL 32503**

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEAD, JACQUELINE	1.2 NAME	
STREET ADDRESS	2201 SCENIC HWY L-3	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVILL, EDWARD	2.2 NAME	
STREET ADDRESS	2201 SCENIC HWY., P-8	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, JANE	3.2 NAME	Jane Warren
STREET ADDRESS	2201 SCENIC HWY P2	3.3 STREET ADDRESS	2201 Scenic Hwy. P-2
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola, Fl. 32503
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, MARY	4.2 NAME	Mary Nolan
STREET ADDRESS	2201 SCENIC HWY F2	4.3 STREET ADDRESS	2201 Scenic Hwy. F-2
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola, Fl. 32503
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMMONS, JOSEPHINE	5.2 NAME	Josephine Lemmons
STREET ADDRESS	2201 SCENIC HWY O-3	5.3 STREET ADDRESS	2201 Scenic Hwy. O-3
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	Pensacola, Fl. 32503
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, FRANCIS	6.2 NAME	
STREET ADDRESS	2201 SCENIC HWY D-1	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	

14. 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 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: *Mary Nolan* **4/28/98** **850/433-8314**

CR2E037 (10/97)