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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90135 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763059

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/30/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2266344
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 D <input checked="" type="checkbox"/> DELETE	2.1 TITLE DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME WARREN, JANE	2.2 NAME Jim Vickers		
STREET ADDRESS 2201 SCENIC HWY P2	2.3 STREET ADDRESS 2201 Scenic Hwy Unit M-3		
CITY-ST-ZIP PENSACOLA FL	2.4 CITY-ST-ZIP Pensacola, Fl. 32503		
TITLE STD <input type="checkbox"/> DELETE	3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME NOLAN, MARY	3.2 NAME		
STREET ADDRESS 2201 SCENIC HWY F2	3.3 STREET ADDRESS		
CITY-ST-ZIP PENSACOLA FL	3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LEMMONS, JOSEPHINE	4.2 NAME		
STREET ADDRESS 2201 SCENIC HWY O-3	4.3 STREET ADDRESS		
CITY-ST-ZIP PENSACOLA FL	4.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME GRIFFIN, FRANCIS	5.2 NAME		
STREET ADDRESS 2201 SCENIC HWY D-1	5.3 STREET ADDRESS		
CITY-ST-ZIP PENSACOLA FL	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	6.2 NAME Jason Robbins		
STREET ADDRESS	6.3 STREET ADDRESS 2201 Scenic Hwy UNIT I-8		
CITY-ST-ZIP	6.4 CITY-ST-ZIP Pensacola, Fl. 32503		

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 4/7/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #