

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90218 011 ****61.25

DOCUMENT # 763059

1. Entity Name

SPYGLASS POINT CONDOMINIUM ASSOCIATION OF PENSAC

Principal Place of Business

Mailing Address

3298 SUMMIT BLVD
 SUITE 4
 PENSACOLA FL 32503
 US

3298 SUMMIT BLVD
 SUITE 4
 PENSACOLA FL 32503-4350
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2266344

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ETHERIDGE, RAY O.
3298 SUMMIT BLVD
SUITE 4
PENSACOLA FL 32503

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MEAD, JACQUELINE	
STREET ADDRESS	2201 SCENIC HWY L-3	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	VICKERS, JIM	
STREET ADDRESS	2201 SCENIC HWY UNIT M-3	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NOLAN, MARY	
STREET ADDRESS	2201 SCENIC HWY F2	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEMMONS, JOSEPHINE	
STREET ADDRESS	2201 SCENIC HWY O-3	
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	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBBINS, JASON	
STREET ADDRESS	2201 SCENIC HWY UNIT I-8	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edith Kirk	
STREET ADDRESS	2201 Scenic Hwy C-4	
CITY-ST-ZIP	Pensacola FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec./Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Amenther	
STREET ADDRESS	7985 Lancelot Drive	
CITY-ST-ZIP	Pensacola FL 32514	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *NONAINE DELAURE* President 4-12-00 434-3585
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)