

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90386 049 \*\*\*\*61.25

**DOCUMENT # 763059**

1. Entity Name

**SPYGLASS POINT CONDOMINIUM ASSOCIATION OF PENSACOLA, INC.**

037652



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3298 SUMMIT BLVD  
 SUITE 4  
 PENSACOLA FL 32503  
 US

3298 SUMMIT BLVD  
 SUITE 4  
 PENSACOLA FL 32503  
 US

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	PD	<input type="checkbox"/> Delete
NAME	KIRK, EDITH	
STREET ADDRESS	2201 SCENIC HWY C-4	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOLAN, MARY	
STREET ADDRESS	2201 SCENIC HWY F2	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ST	<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 type="checkbox"/> Delete
NAME	AMENTTLER, JOHN	
STREET ADDRESS	7985 LANCELOT DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MEAD, JACKIE	
STREET ADDRESS	2201 SCENIC HWY L-3	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input 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	

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:

*Edith Kirk* RE Edith Kirk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-02 850-434-3885

Date Daytime Phone #

CR2E037 (9/01)