## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT #763059**

1. Entity Name



**FILED** Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90351 036 \*\*\*\*61.25

|   | SS POINT CONDOMINIUM<br>OLA, INC.  | 1 ASSOCIATION OF   |  |                                |                              |   |  |
|---|--|--|--|--------------------------------|------------------------------|---|--|
| 3298 SUMMIT BLVD<br>Suite 4   |  | Mailing Address<br>3298 SUMMIT BLVD<br>SUITE 4<br>PENSACOLA, FL 32503 US |  | LIESTO DESIGNATION             |                              | ri ariani <i>d</i> ribis 8181                 | 11 <b>21 9</b> ( 120)                  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |                                |                              |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  | 04192006 <sub>CI</sub>         | ng-NP CR2E03                 | 7 (11/05)                                     |  |
| City & State  |  | City & State   |  | 4. FEI Number 59-226634        | 4                            | _ <del> </del>                                | plied For<br>t Applicable              |
| Zip   | Country  | Zip  | Country  | 5. Certificate of St           |                              | \$8.75 Add<br>Fee Required                    |  |
|   | 6. Name and Address of Current   | Registered Agent   |  | 7. Name and Add                | ress of New Registered A     | \gent   |  |
| ETHERIDGE, RAY O.   |  |  | Name   |                                |                              |   |  |
| 3298 SUMMIT BLVD<br>SUITE 4   |  |  | Street Address   |                                | Not Acceptable)              |   |  |
| PENSACOLA, FL 32503   |  |  | City   |                                | FL                           | Zip Code                                      | 3                                      |
| 9 The shows   | named entity submits this statement for  | es the purpose of phanging its so  | alatarad effica ar roa   | internal annut or both in      |                              | la politica suith                             | and accept                             |
|   | i named entity submits statement i<br>tions of registered agent.   | or the purpose of changing its re  | gistered office of reg   | pistered agent, or both, in    | ule State of Florida. 1 am i | ammar wich,                                   | ano accepi                             |
|   |  |  |  |                                |                              |   |  |
| SIGNATURE   |  | · · · · · · · · · · · · · · · · · · ·                                    |  |                                |                              |   |  |
| :   | Signature, typed or printed name of registered agen  | t and title if applicable. (NOTE: R                                      | legistered Agent signature re  | equired when reinstating)      | DATE                         |   |  |
| Filing Fee is \$61.25<br>Due by May 1; 2006   |  |  | 9. Election Campaign Financing Trust Fund Contribution.  |                                |                              |   |  |
| . :   |  |  |  | \$5.00 May Be<br>Added to Fees | Make check<br>Florida Depart |   |  |
| 10.   |  | Trust Fund Cor   |  | Added to Fees                  |                              | bnent of St                                   | ate                                    |
|   | Due by May 1, 2006   | Trust Fund Cor   | ntribution.  | Added to Fees                  | Florida Depart               | bnent of St                                   | ate                                    |
| 10. TITLE NAME  | OFFICERS AND DO NOLAN MARY   | Trust Fund Cor   | TITLE NAME   | Added to Fees                  | Florida Depart               | tment of St                                   | ate<br>10                              |
| 10. TITLE NAME STREET ADDRESS   | OFFICERS AND DO NOLAN MARY 2201 SCENIC HWY F2  | Trust Fund Cor   | TITLE NAME STREET ADDRESS  | Added to Fees                  | Florida Depart               | tment of St                                   | ate<br>10                              |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Due by Ray 1, 2006  STD CONTROL NO. AND DO. NO. AND MARY 2201 SCENIC HWY F2 PENSACOLA, FL  | Trust Fund Cor   | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Added to Fees                  | Florida Depart               | tment of St<br>RECTORS IN<br>Change           | 10 Addition                            |
| 10. TITLE NAME ,STREET ADDRESS CITY-ST-ZIP TITLE  | Due by Ray 1, 2006  STD CONTROL NOLAN MARY 2201 SCENIC HWY F2 PENSACOLA FL PD  | Trust Fund Cor   | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Added to Fees                  | Florida Depart               | tment of St                                   | ate<br>10                              |
| 10. TITLE NAME ,STREET ADDRESS CITY-ST-ZIP TITLE NAME   | Due by Ray 1, 2006  STD CONTROL NO. STD CONTRO | Trust Fund Cor   | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | Added to Fees                  | Florida Depart               | tment of St<br>RECTORS IN<br>Change           | 10 Addition                            |
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| 10. TITLE NAME , STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP   | Due by Ray 1, 2006  STD CONTROL NO. STD CONTRO | Trust Fund Cor   | 11. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TOLE MAME STREET ADDRESS CITY-ST-ZIP   | Added to Fees                  | Florida Depart               | trinent of St<br>RECTORS IN Change            | 10 Addition                            |
| 10. TITLE NAME , STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS   | Due by May 1; 2006  STD E  NOLAN MARY 2201 SCENIC HWY F2 PENSACOLA, FL  PD  KIRK, CLIFF 2201 SCENIC HWY #C-4 PENSACOLA, FL 32503   | Trust Fund Cor   | 11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | Added to Fees ADDITIONS/CHANG  | Florida Depart               | tment of St<br>RECTORS IN<br>Change           | 10 Addition                            |
| 10. TITLE NAME , STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Due by May 1; 2006  STD 6  NOLAN MARY 2201 SCENIC HWY F2 PENSACOLA, FL  PD KIRK, CLIFF 2201 SCENIC HWY #C-4 PENSACOLA, FL 32503 D FRITZE, DEE 2201 SCENIC HWY #E-5   | Trust Fund Cor   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Added to Fees  ADDITIONS/CHANG | Florida Depart               | trinent of St<br>RECTORS IN Change            | 10 Addition                            |
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| 10. TITLE NAME , STREET ADDRESS CITY-SI-ZIP TITLE NAME  | Due by May 1, 2006  STD 1, OFFICERS AND D.  NOLAN MARY 2201 SCENIC HWY F2 PENSACOLA, FL PD KIRK, CLIFF 2201 SCENIC HWY #C-4 PENSACOLA, FL 32503 D FRITZE, DEE 2201 SCENIC HWY #E-5 PENSACOLA, FL 32503 VPD AMENTTLER, JOHN   | Trust Fund Cor   | TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  | Added to Fees  ADDITIONS/CHANG | Florida Depart               | trinent of St<br>RECTORS IN Change            | 10 Addition Addition                   |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/06

60-434-3585