


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90459 009 ****61.25

| | | | | | |
|--|-------------------------------------|--|--|---|--|
| DOCUMENT # 763059 | | | |  | |
| 1. Entity 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2266344 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | STD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | NOLAN, MARY | NAME | | | |
| STREET ADDRESS | 2201 SCENIC HWY F2 | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL | CITY-ST-ZIP | | | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | VPD Kirk, Cliff | |
| NAME | KIRK, CLIFF | NAME | | | |
| STREET ADDRESS | 2201 SCENIC HWY #C-4 | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32503 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | REGLOW, CHARLES | NAME | | | |
| STREET ADDRESS | POB 68 | STREET ADDRESS | | | |
| CITY-ST-ZIP | WOODRUFF, WI 54568 | CITY-ST-ZIP | | | |
| TITLE | VPD <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | D Amentler, John | |
| NAME | AMENTTLER, JOHN | NAME | | | |
| STREET ADDRESS | 7985 LANCELOT DRIVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32514 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MEAD, JACKIE | NAME | | | |
| STREET ADDRESS | 2201 SCENIC HWY L-3 | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32503 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | PD Moore, Dennis | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | 2201 Scenic Hwy F-1 | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | Pensacola FL 32503 | |
| 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: <u>Dennis Moore</u> | | | Date: 4-2-07 Daytime Phone #: 850-434-3585 | | |