
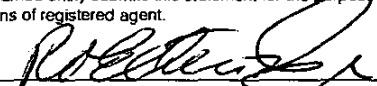



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90018 008 ****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 # 908 GARDENGATE CIR Suite, Apt. #, etc.		3. Mailing Address 908 GARDENGATE CIR Suite, Apt. #, etc.	
City & State PENSACOLA, FL Zip 32504 Country USA		City & State PENSACOLA, FL Zip 32504 Country USA	
4. FEI Number 59-2266344		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ETHERIDGE, RAY O. 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503		7. Name and Address of New Registered Agent Name: RAY O. ETHERIDGE Street Address (P.O. Box Number is Not Acceptable): 908 GARDENGATE CIR City: PENSACOLA, FL Zip Code: 32504	
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:  DATE: 3/24/08 Signature, typed or printed name of registered agent and 44 if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME: NOLAN, MARY STREET ADDRESS: 2201 SCENIC HWY F2 CITY-ST-ZIP: PENSACOLA, FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: KIRK, CLIFF STREET ADDRESS: 2201 SCENIC HWY #C-4 CITY-ST-ZIP: PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: REGLOW, CHARLES STREET ADDRESS: POB 68 CITY-ST-ZIP: WOODRUFF, WI 54568	<input type="checkbox"/> Delete	TITLE: NAME: REGLOW, CHARLES STREET ADDRESS: CITY-ST-ZIP: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: AMENTTLER, JOHN STREET ADDRESS: 7985 LANCELOT DRIVE CITY-ST-ZIP: PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MEAD, JACKIE STREET ADDRESS: 2201 SCENIC HWY L-3 CITY-ST-ZIP: PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: MOORE, DENNIS STREET ADDRESS: 2201 SCENIC HWY F-1 CITY-ST-ZIP: PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 4/1/08 DAYTIME PHONE: 850-484-2611	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	

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