FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # NO8302 (4)

Riverwalk Condominium Association of Pensacola, Inc.

Principal Place of Business Mailing Address

8084 N. Davis Hwy. #164

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Pensaco	la, FL	32514-7584	Pensacola, F	L 32514-7	584	
			•		Date Incorporated or Qualified 3a. Date of Last Report	
2. Principal Place of Business 28. Mailing Address					3/21/1985	
			2a. Mailing Address 26 8084 N. Davi:	e Huny	4. FEI Number Applied For	
			Suite, Apt. #, etc.	S IIWy.	59-2420139 Not Applicable 5 Cattlians of Survey Decided \$8.75 Additional	
			27 #163		5. Certificate of Status Desired Fee Required	
City & State			City & State		6. Election Campaign Financing \$5.00 May Be	
Pensacola, FL Zip Country			28 Pensacola,		Trust Fund Contribution Added to Fees	
24 32504		Country 25 Escambia	Zip 29 32514	Country 30 Escambia	8. This corporation has liability for intangible tax under s 199.032,	
9. Name and Address of Current Registered Agent				30 ESCAMDIA	1. Florida Statutes X Yes No 10. Name and Address of New Registered Agent	
Pamela S. Perry					theridge Property Management	
141, ocallight blive					82 Street Address (P.O. Bo) Number is Not Acceptable)	
Cantonment, FL 32533						
				84 City	Dec 7:n Code	
Legendre Pensacola FL 3350						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
agent. La	am familiar wi	th, and accept the oblig	gations of, Section 617,0503, Flo	rida Statutes	position and the state of the s	
SIGNATURE	Signature typed	or content dame of resistered an	gent and lifte if applicable (NOTE	Banchard Accel con y	e required when renslating) DATE	
12.			ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1		DELETE	1 1 THTLE	P K Change Addition	
NAME				1 2 NAME	Nagem, Joey	
STREET ADDRESS				1 3 STREET ADDRESS	501 E. Burgess #A-5	
CITY - ST - 7IP				1.4 CHTY - ST-ZIP	Pensacola, FL 32504	
TITLE			DETELE	2 I TITLE	VP X Change Addition	
NAME				2 2 NAME	Billhorn, Fred	
STREET ADDRESS				2 3 STREET ADDRESS	200 Pensacola Beach Blvd. #1-2	
CITY-ST-ZIP	ļ		The ste	2 4 CITY - ST - ZIP	Pensacola Beach, FL 32561	
TITLE	1		DELETE	3 1 TITLE	S Change Addition	
STREET ADDRESS				3 2 NAME	Cotton-Costello, Candace	
CITY-ST-ZIP				3 3 STREET ADDRESS	3371 Dunning Drive	
TITLE			DELETE	3.4 CITY-ST-ZIP	Pace, FL 32571	
NAME	Bury	Panela S Savlight Dri Linea, FI	*****	4 2 NAME	Petry Pameta Sy a ning cirelledine	
STREET ADDRESS	1417/	tarea 3	v6	4 3 STREET ADDRESS	1417 Starlight Drive 1916	
CITY-S1-ZIP	Country	secrecy of the	325 4 3	4 4 CITY - ST - ZIP	Cantonment, FL 32533	
TITLE	Lacro.	1 1 1	DELETE	51 TITLE	D Change Addition	
NAME				5 2 NAME	Conrad, Walter	
STREET ADDRESS				5 3 STREET ADDRESS	501 E. Burgess Rd. #C3	
CITY - ST - ZIP				5 4 CITY - ST - ZIP	Pensacola, FL 32504	
TITLE			DELETE	6 1 TITLE	Smith, Lansing Change Maddition 3045 Windmere Dr.	
NAME				6.2 NAME	3045 Lindmare in	
STREET ADDRESS				6 3 STREET ADDRESS		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Itensacola, FC 32503	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I turber certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.						
orac triy (1	/	´ \		it with an address.	1 /2	
SIGNATURE: 3/13/16 857-45209						

NAME OF SIGNING OFFICER OR DIRECTOR