FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

749928

(8)

Molting Addross

SCENIC HILLS COUNTRY CLUB VILLAS ASSOCIATION, IN

r niicipai riace	or Duamidas	Walling Address			
9900 FAIRWAY VILLAS LN PENS FL 32514		9900 FAIRWAY VILLAS LN PENS FL 32514-5683			
				3. Date Incorporated or Qualified 11/28/1979	3a. Date of Last Report 02/20/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 59-1995067	Applied For
21		26		28-1882001	Not Applicable
Suite, Apt.	#, etc. 	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
Zip 24	25	29	30	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes Wo
241	9. Name and Address of Current		[30]	10. Name and Address of New Re	-
SWARTZ, LEONARD 81 Name JERRY WestmoreLAND 82 Street Address (P.O. Box Number is Not Acceptable)					
9900 FAIRWAY VILLAS LN				9900 FAIRWAY VIL	LAS LANC
PENS FL 32514					
			84 City	PeNS ACOLA	FL 85 Zip Code
11. Direction to the provisions of Sections 617,0502 and 617,1508. Florida Statutes the above parent corrovation 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.					
SIGNATURE Kerry Westmoseland Terry Westmore LAND Symptore, type of printed name of registered agent and Mile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	P/D	ERS AND DIRECTORS IN 12 Change Addition
NAME	STEWART, CAROL B.		1.2 NAME	BARBARA CORWIN	/
STREET ADDRESS	3125 ALBERT CT.		1.3 STREET ADDRESS	9912 FAIRWAY V	JULAS LANC 32514 Programme Addition Comments
CITY-ST-ZIP	PENSACOLA FL 32504		1.4 CITY+ST-ZIP	PENSACOLA , FL	. 32514
		DELETE	2.1 TITLE	V/2 0	Z Change
NAME	WILLIAMS, JOE		2.2 NAME	JABONNA POWER	ILAS LANE.
STREET ADDRESS	9932 FAIRWAY VILLAS LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514	DELETE	2.4 CITY-ST-ZIP	PENSACOLA, FL	325/4 Addition
TITLE	STD CHARTZ A COMADD	וֹ בו הנוֹנוֹנ	3.1 TITLE	5/1/9	_
NAME	SWARTZ, LEONARD		3.2 NAME	JERRY WESTMORY	CLAND
STREET ADDRESS	881 WOODBINE DR. PENSACOLA FL 32503		3.3 STREET ADDRESS	9936 FAIRWAY VI	LLAS LANC
CITY-ST-ZIP TITLE	PENSACULA FL 32303	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	FENSACELA, FL	325/4 Addition
NAME		ш	4.2 NAME		- Consider the control of the contro
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		- "	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do 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 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.