# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 21, 2005 8:00 am**
**Secretary of State**
01-21-2005 90044 007 ****61.25

DOCUMENT # N08302

1. Entity Name
RIVERWALK CONDOMINIUM ASSOCIATION OF PENSACOLA, INC.

50004494

| Principal Place of Business | Mailing Address |
|---|---|
| 501 E BURGESS ROAD<br>PENSACOLA, FL 32504 US | P.O. BOX 30038<br>PENSACOLA, FL 32503 US |

01102005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2420139 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WILKES, CAROL<br>220 W GARDEN STREET<br>SUITE 303<br>PENSACOLA, FL 32502 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>BONNER, MARCUS<br>200 PENSACOLA BEACH RD., I-2<br>GULF BREEZE, FL 32561 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>BONNER, MARCUS<br>4513 SEA VISTA CT<br>GULF BREEZE, FL 32561 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>ERSKINE, AARON<br>501 E BURGESS RD D-6<br>PENSACOLA, FL 32504 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ERSKINE, AARON<br>501 E BURGESS RD 06<br>PENSACOLA, FL 32504 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHAO, SHANE<br>137 MIRABELLE CIRCLE<br>PENSACOLA, FL 32514 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BONNER, PAT<br>4513 SEA VISTA<br>GULF BREEZE, FL 32561 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>KRISTIN, JOY<br>501 E BURGESS RD E-5<br>PENSACOLA, FL 32504 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>RHODES, HELENE<br>501 E BURGESS RD E1<br>PENSACOLA, FL 32504 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RHODES, JEANETTE<br>501 E BURGESS RD C-5<br>PENSACOLA, FL 32504 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/D<br>Rhodes, JEANNETTE<br>501 E BURGESS RD. C5<br>PENSACOLA, FL 32504 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CAGLE, JIM<br>501 E BURGESS RD D-10<br>PENSACOLA, FL 32504 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Eddins, LISA<br>900 N. PALAFOX ST<br>PENSACOLA, FL 32501 | ☐ Change ☑ Addition |

12. I 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 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:** Marcus Bonner MARCUS BONNER PRESIDENT 1-11-05 850-434-7633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #