

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90152 002 \*\*\*\*61.25

<b>DOCUMENT # 749928</b> 1. Entity Name <b>SCENIC HILLS COUNTRY CLUB VILLAS ASSOCIATION, INC.</b>					
Principal Place of Business <b>9900 FAIRWAY VILLAS LN PENS, FL 32514</b>			Mailing Address <b>9900 FAIRWAY VILLAS LN PENS, FL 32514</b>		
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 <b>59-1995067</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LODGE, JAMES 9940 FAIRWAY VILLAS LN PENSACOLA, FL 32514</b>				Name <b>JERRY WESTMORELAND</b> Street Address (P.O. Box Number is Not Acceptable) <b>9936 FAIRWAY VILLAS LN</b> City <b>PENSACOLA</b> FL Zip Code <b>32514</b>	
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 <u>Jerry Westmoreland (JERRY WESTMORELAND)</u> <span style="float: right;">3/7/2005</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>BARBARA CORWIN</b> <b>9912 FAIRWAY VILLAS LANE</b> <b>PENSACOLA, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D <b>GENE BYRD</b> <b>9904 FAIRWAY VILLAS LN</b> <b>PENSACOLA, FL 32514</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>ETHERIDGE, MATT</b> <b>9920 FAIRWAY VILLAS LN</b> <b>PENSACOLA, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D <b>ILAINA JOHNS</b> <b>9972 FAIRWAY VILLAS LN</b> <b>PENSACOLA, FL 32514</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <b>LODGE, JAMES</b> <b>9940 FAIRWAY VILLAS LN</b> <b>PENSACOLA, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T/D <b>JERRY WESTMORELAND</b> <b>9936 FAIRWAY VILLAS LN</b> <b>PENSACOLA, FL 32514</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Jerry Westmoreland - JERRY WESTMORELAND</u> <span style="float: right;">3/7/2005 850-479-9052</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					