

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762058

**FILED**  
**Apr 29, 2023**  
**Secretary of State**  
**2589650130CC**

**Entity Name:** THE PENSACOLA SCENIC ARMS CONDOMINIUM ASSOCIATI  
ON, INC.

**Current Principal Place of Business:**

700 S PALAFOX STREET  
SUITE 100  
PENSACOLA, FL 32502

**Current Mailing Address:**

700 S PALAFOX STREET  
SUITE 100  
PENSACOLA, FL 32502 US

**FEI Number: 59-2398881**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ELITE HOUSING MANAGEMENT  
700 S PALAFOX STREET  
SUITE 100  
PENSACOLA, FL 32502 US

*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.*

**SIGNATURE: SHIRLEY REESE**

**04/29/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           BUNN, SHAE  
Address        700 S PALAFOX STREET  
                  SUITE 100  
City-State-Zip: PENSACOLA FL 32502

Title           SECRETARY  
Name           CIESLAK, DOUGLAS  
Address        700 S PALAFOX STREET  
                  SUITE 100  
City-State-Zip: PENSACOLA FL 32502

Title           TREASURER  
Name           HESTER, LISA  
Address        700 S PALAFOX STREET  
                  SUITE 100  
City-State-Zip: PENSACOLA FL 32502

Title           VP  
Name           HUXTABLE, VERA  
Address        700 S PALAFOX STREET  
                  SUITE 100  
City-State-Zip: PENSACOLA FL 32502

Title           DIRECTOR  
Name           SINGLETON, PAUL  
Address        700 S PALAFOX STREET  
                  SUITE 100  
City-State-Zip: PENSACOLA FL 32502

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SHAE BUNN**

**PRESIDENT**

**04/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date