

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762058

**FILED**  
**Jan 07, 2014**  
**Secretary of State**  
**CC2229028096**

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

**Current Principal Place of Business:**

600 SCENIC HWY  
PENSACOLA, FL 32503

**Current Mailing Address:**

4400 BAYOU BLVD  
58 B  
PENSACOLA, FL 32503

**FEI Number: 59-2398881**

**Certificate of Status Desired: No**

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

RILEY, JAMES PMR  
4400 BAYOU BLVD  
58B  
PENSACOLA, FL 32503 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            CARNEY, JOE  
Address        600 SCENIC HWY #207  
City-State-Zip: PENSACOLA FL 32503

Title            D  
Name            CARNEY, TOMMY  
Address        600 SCENIC HWY #211  
City-State-Zip: PENSACOLA FL 32503

Title            D  
Name            BROCKINTON, MARTHA  
Address        600 SCENIC HWY #206  
City-State-Zip: PENSACOLA FL 32503

Title            D  
Name            BLUNDELL, TAMMY MS  
Address        600 SCENIC HWY # 311  
City-State-Zip: PENSACOLA FL 32503

*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: JOECARNEY**

**PRES**

**01/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date