

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763059

**FILED**  
**Mar 26, 2021**  
**Secretary of State**  
**2515025635CC**

**Entity Name:** SPYGLASS POINT CONDOMINIUM ASSOCIATION OF PENSACOLA, INC.

**Current Principal Place of Business:**

4400 BAYOU BOULEVARD  
SUITE 58 B  
PENSACOLA, FL 32503

**Current Mailing Address:**

4400 BAYOU BOULEVARD  
SUITE 58 B  
PENSACOLA, FL 32503 US

**FEI Number: 59-2266344**

**Certificate of Status Desired: No**

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

REALTY MASTERS OF FLORIDA  
4400 BAYOU BOULEVARD  
SUITE 58 B  
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: CLIFF KIRK**

**03/26/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            AMENTLER, JOHN  
Address        7985 LANCELOT DRIVE  
City-State-Zip: PENSACOLA FL 32504

Title            SECRETARY  
Name            NOLAN, MARY  
Address        2769 BELLE MEADOW COURT  
City-State-Zip: PENSACOLA FL 32514

Title            TREASURER  
Name            HARROD, KEITH  
Address        2991 BLACKSHEAR AVENUE  
City-State-Zip: PENSACOLA FL 32503

Title            DIRECTOR  
Name            ROBBINS, JASON  
Address        2201 SCENIC HWY.  
                  #I-8  
City-State-Zip: PENSACOLA FL 32503

Title            VP  
Name            KIRK, HENRY C III  
Address        2201 SCENIC HWY.  
                  #C-4  
City-State-Zip: PENSACOLA FL 32503

Title            DIRECTOR  
Name            HOLBROOK, ANGELA B.  
Address        2201 SCENIC HWY.  
                  #N-8  
City-State-Zip: PENSACOLA FL 32503

Title            MANAGER  
Name            SCHWARTZ, JAY B  
Address        4400 BAYOU BLVD.  
                  SUITE 58-B  
City-State-Zip: PENSACOLA FL 32503

Title            DIRECTOR  
Name            GODWIN, ALVIN  
Address        2201 SCENIC HIGHWAY  
                  # A-4  
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: JAY SCHWARTZ**

**MANAGER**

**03/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date