

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

DOCUMENT# 763059

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC5331177117**

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

**Current Principal Place of Business:**

908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504

**Current Mailing Address:**

908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 US

**FEI Number: 59-2266344**

**Certificate of Status Desired: No**

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

ETHERIDGE, RAY O  
908 GARDENGATE CIR  
PENSACOLA, FL 32504 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           PRESIDENT  
Name           KIRK, CLIFF  
Address        2201 SCENIC HWY. #C-4  
City-State-Zip: PENSACOLA FL 32503

Title           VICE-PRESIDENT  
Name           AMENTLER, JOHN  
Address        7985 LANCELOT DRIVE  
City-State-Zip: PENSACOLA FL 32514

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

Title           DIRECTOR  
Name           SUTHERLAND, CYNTHIA  
Address        3361 SUGAR TREE STREET  
City-State-Zip: PENSACOLA FL 32503

Title           DIRECTOR  
Name           GODWIN, AL  
Address        2201 SCENIC HWY. #A-4  
City-State-Zip: PENSACOLA FL 32503

Title           DIRECTOR  
Name           ARMSTRONG, KARON  
Address        2201 SCENIC HWY. #L-2  
City-State-Zip: PENSACOLA FL 32503

Title           DIRECTOR  
Name           NELSON, HEIDI  
Address        2201 SCENIC HWY. #P-7  
City-State-Zip: PENSACOLA FL 32503

Title           DIRECTOR  
Name           ROBBINS, JASON  
Address        2201 SCENIC HWY. #I-8  
City-State-Zip: PENSACOLA FL 32507

**Continues on page 2**

*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: CLIFF KIRK**

**PRESIDENT**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           GAVIN, DAN  
Address        2201 SCENIC HWY. #M-3  
City-State-Zip: PENSACOLA FL 32503

Title           DIRECTOR  
Name           ABBEY, MARGIT  
Address        2201 SCENIC HWY. #L-4  
City-State-Zip: PENSACOLA FL 32503