FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 OCHMENT # 704000

1. Corporation	NIENT # 734320 RSE CONDOMINIUM ASSOCI	IATION, INC.								
Principal Place of Business Mailing Address										
C/O ROBERT K. HARRIS 955 FT PICKENS ROAD. UNIT N PENSACOLA BEACH FL 32561-5232		C/O ROBERT K. HARRIS 955 FT PICKENS ROAD. UNIT N PENSACOLA BEACH FL 32561-5232								
2. Principal P	lace of Business	2a. Mailing Address			3.	Date incorporated or	Qualifed			
21		26				11/13/1975	· •			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4.	FEI Number			plied For	
22		27				59-1648564			t Applicat	
City & State	8	City & State			5.	Certificate of Status D	esired	\$8.75 / Fee Re		
Zip	Country	Zip	Country	,	6.	Election Campaign Fi	inancing	\$5.00	-i	
24	25	29 30	1			Trust Fund Contributi	- 11	Added 1		
	9. Name and Address of Current	Registered Agent			10.	Name and Address	of New Registere	d Agent		
			81	Name						
HARRIS, ROBERT K.			82	Street Ac	dress (F	P.O. Box Number is No	ot Acceptable)			
955 FT PICKENS ROAD, UNIT N			83			<u> </u>				
PENSACOLA BEACH FL 32561										
]			84	City			F	85 Zip (Code	
office or n agent. I a SIGNATURE	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent.	Florida. Such change was authors of, Section 617.0503, Florida and title if applicable. (NOTE: Rec	Statutes	the corpora	uired when	pard of directors. I nere	DATE	onunent as re	gistered	
12.	OFFICERS AND	DIRECTORS DELETE	13.			ADDITIONS/CHANGE	S TO OFFICERS	Change	Add	
TITLE	PD .	☐ perei£	1.1 TITLE					Criange	[_] A00	
NAME	HARRIS, ROBERT K		12 NAME						ı	
STREET ADDRESS	955 FT PICKENS RD UNIT N			TADORESS						
CITY-ST-ZIP	PENSACOLA BCH, FL 00000	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE					Change	☐ Add	
NAME	REINSCHMIDT, MICKEY		2.2 NAME					_ ,	_	
STREET ADDRESS	955 FT PICKENS RD, UNIT M-	•	2.3 STREET ADDRESS		•	_	• .=			
CITY-ST-ZIP	PENSACOLA EL		2. 4 CITY-	1						
TITLE	D	☐ DELETE	3.1 TITLE	-		· · · · · · · · · · · · · · · · · · ·		Change	Add	
NAME	RICHEY, ROBBIE		3.2 NAME							
STREET ADDRESS	955 FT. PICKENS RD. UNIT R		3.3 STREE	TADDRESS						
CITY-ST-ZIP	PENSACOLA BEACH FL		3.4. CITY-ST-ZIP					_		
TITLE	D	☐ DELETE	4.1 TITLE					Change	☐ Add	
NAME	KILLINGER, LISA		4. 2 NAME					•	:	
STREET ADDRESS	955 FT. PICKENS RD. UNIT H		4.3 STREE	T ADDRESS					,	
CITY-ST-ZIP	PENSACOLA BEACH FL		4.4 CITY-5	ST-219						
TITLE	D į	☐ DELETE	5.1 TITLE					Change	Add:	
NAME	WEEKS, JIM		5.2 NAME							
STREET ADDRESS	955 FT PICKENS RD, UNIT L			TADDRESS						
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-S	ST-ZIP						

PENSACOLA FL CITY-ST-ZIP 14. 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 informatic indicated on this annual report or supplemental annual 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 12 or Block 13 if changing, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-\$T-ZIP

SIGNATURE:

D

WELSH, TED

955 FT PICKENS RD, UNIT I

TITLE

STREET ADDRESS

☐ DELETE

MATCH 22 1989

FILED

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90009 027 ****61.25

Change

☐ Add