

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 749928**

1. Entity Name  
**SCENIC HILLS COUNTRY CLUB VILLAS ASSOCIATION,  
INC.**



Principal Place of Business  
**9900 FAIRWAY VILLAS LN  
PENS, FL 32514**

Mailing Address  
**9900 FAIRWAY VILLAS LN  
PENS, FL 32514**



02152008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1995067**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WESTMORELAND, JERRY  
9936 FAIRWAY VILLAS LN  
PENSACOLA, FL 32514**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	REINHERDT, DAVID
STREET ADDRESS	9976 FAIRWAY VILLAS LN
CITY - ST - ZIP	PENSACOLA, FL 32514
TITLE	VD
NAME	BARNETT, ROBERT
STREET ADDRESS	8935 SCENIC HILLS DRIVE
CITY - ST - ZIP	PENSACOLA, FL 32514
TITLE	STD
NAME	WESTMORELAND, JERRY
STREET ADDRESS	9936 FAIRWAY VILLAS LN
CITY - ST - ZIP	PENSACOLA, FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/06/08-80016-015 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jerry Westmoreland* **JERRY WESTMORELAND** **2-19-08** **850-479-9052**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #