

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757644

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** PENSACOLA RICHELIEU CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

710 SCENIC HWY  
BAYVIEW TERRACE.  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

4400 BAYOU BLVD STE 58  
PENSACOLA, FL 32503

**New Mailing Address:**

4400 BAYOU BLVD  
STE 58B  
PENSACOLA, FL 32503

**FEI Number:** 59-2172647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RILEY, JAMES P  
4400 BAYOU BLVD STE 58B  
PENSACOLA, FL 32503 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JOLLY, PEGGY MS  
Address: 710 SCENIC HWY #203  
City-St-Zip: PENSACOLA, FL 32503

Title: VP  
Name: DELANEY, BOB MR  
Address: 710 SCENIC HWY  
City-St-Zip: PENSACOLA, FL 32503

Title: S/T  
Name: MICHALSKI, CAROL MS  
Address: 710 SCENIC HWY #202  
City-St-Zip: PENSACOLA, FL 32503

Title: D  
Name: MILLER, BETTY MS  
Address: 710 SCENIC HWY UNIT 312  
City-St-Zip: PENSACOLA, FL 32503

Title: D  
Name: DUNCAN, RALPH MR  
Address: 710 SCENIC HWY #120  
City-St-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: PEGGY JOLLY

PRES

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date