

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 11, 2007
Secretary of State

DOCUMENT# 762058

Entity Name: THE PENSACOLA SCENIC ARMS CONDOMINIUM ASSOCIATI ON, INC.**Current Principal Place of Business:**600 SCENIC HIGHWAY
PENSACOLA, FL 32503**New Principal Place of Business:****Current Mailing Address:**PO BOX 12507
PENSACOLA, FL 32591**New Mailing Address:****FEI Number:** 59-2398881**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MONTGOMERY MANAGEMENT ASSOCIATES
33 S. 9TH AVE
PENSACOLA, FL 32502 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:** PD () Delete
Name: RHODES, GARY
Address: 5907 DALLAS AVE
City-St-Zip: PENSACOLA, FL 32514**Title:** D () Delete
Name: MOORE, STELLA
Address: 600 SCENIC HWY # 122
City-St-Zip: PENSACOLA, FL 32503**Title:** D () Delete
Name: CARNEY, TOMMY
Address: 1701 GREENBRIAR
City-St-Zip: BLYTHVILLE, AR 72315**Title:** D () Delete
Name: WALDROP, RICHARD
Address: 600 SCENIC HWY 212
City-St-Zip: PENSACOLA, FL 32503**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** STD (X) Change () Addition
Name: WALDROP, RICHARD
Address: 600 SCENIC HWY 212
City-St-Zip: PENSACOLA, FL 32503**Title:** D () Change (X) Addition
Name: BROCKINGTON, MARTHA
Address: 600 SCENIC HWY., #206
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY RHODES

P

07/11/2007

Electronic Signature of Signing Officer or Director

Date