

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762058

FILED  
Jun 01, 2008  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: STD      (X) Delete  
Name: WALDROP, RICHARD  
Address: 600 SCENIC HWY 212  
City-St-Zip: PENSACOLA, FL 32503

Title: D      ( ) Delete  
Name: BROCKINGTON, MARTHA  
Address: 600 SCENIC HWY., #206  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: BROWN, MARY LOU  
Address: 600 SCENIC HWY  
City-St-Zip: PENSACOLA, FL 32503

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

PRES

06/01/2008

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

\_\_\_\_\_  
Date