

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90042 018 ****61.25

00016195



1st MOORE CR2E037 (10/04)

DOCUMENT # 768336 1. Entity Name 333 61ST LAKE CHARLENE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 333 SOUTH 61ST AVENUE P O BOX 3752 PENSACOLA FL 32516-0752			Mailing Address 333 SOUTH 61ST AVENUE P O BOX 3752 PENSACOLA FL 32516 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WELCH, MARVALEE B 333 S. 61ST AVENUE., #2 PENSACOLA FL 32506			Name <u>Dorothy Walker</u> Street Address (P.O. Box Number is Not Acceptable) <u>333 S. 61st Ave #9</u> <u>Pensacola FL 32506</u> City _____ FL Zip Code _____		
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 <u>Dorothy Walker (TD)</u>		DATE <u>2/9/05</u>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WESTHOLM, FAYE		NAME		
STREET ADDRESS	333 S. 61 AVE 6		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32506		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PD		NAME	President (PD)	
STREET ADDRESS	FANNING, CLIFFORD E		STREET ADDRESS	Scott Sherman	
CITY-ST-ZIP	333 S 61ST AVE #5		CITY-ST-ZIP	333 61st Ave #10	
CITY-ST-ZIP	PENSACOLA FL 32506		CITY-ST-ZIP	Pensacola FL 32506	
TITLE	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TD		NAME	Treasurer (TD)	
STREET ADDRESS	WELCH, MARVALEE B		STREET ADDRESS	Dorothy E. Walker	
CITY-ST-ZIP	333 S. 61ST AVE. #2		CITY-ST-ZIP	333 61st Ave. S #9	
CITY-ST-ZIP	PENSACOLA FL 32506		CITY-ST-ZIP	Pensacola FL 32506	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: <u>Dorothy Walker (TD)</u>		DATE <u>2/9/05</u> 850-505-7035			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			