

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

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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



04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2307158

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALKER, DOROTHY
333 S. 61ST AVE #9
PENSACOLA, FL 32506

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
WESTHOLM, FAYE
333 S. 61 AVE 6
PENSACOLA, FL 32506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SPEIGHT, DOROTHY
333 S 61ST AVE, # 10
PENSACOLA, FL 32506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WALKER, DOROTHY E
333 61ST AVE S #9
PENSACOLA, FL 32506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #