

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90207 007 ****70.00

DOCUMENT # N02557



1. Entity Name
**THE WOODLANDS CONDOMINIUM ASSOCIATION OF
PENSACOLA, INC.**

Principal Place of Business
**9560 SUNNEHANNA BLVD. UNIT#B103
PENSACOLA, FL 32514**

Mailing Address
**9560 SUNNEHANNA BLVD.
B103
PENSACOLA, FL 32514 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05142004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2494170

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSS, CAROLYN
9560 SUNNEHANNA BLVD B103
PENSACOLA, FL 32514**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **TRENT, JAMES R.**
STREET ADDRESS **6429 MEMPHIS AVENUE**
CITY-ST-ZIP **PENSACOLA, FL**

TITLE **PD** ☒ Delete
NAME **THOMAS, JAMES T.**
STREET ADDRESS **248 EAST CAPITOL ST, STE 1400**
CITY-ST-ZIP **JACKSON, MS 39201**

TITLE **VTD** ☐ Delete
NAME **ROSS, CAROLYN**
STREET ADDRESS **9560 SUNNEHANNA BLVD B103**
CITY-ST-ZIP **PENSACOLA, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

TITLE **SD** ☐ Change ☒ Addition
NAME **NANCY KELL**
STREET ADDRESS **5800 S.W. 6th ST.**
CITY-ST-ZIP **TOPEKA, KANSAS 66604**

TITLE **P T D** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Carolyn Ross **CAROLYN ROSS** *Minister* **09/02/04** **(950) 477-2284**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #