

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N03000005693

1. Entity Name  
BRIGANTINE PLACE CONDOMINIUM ASSOCIATION OF  
PENSACOLA, INC.



Principal Place of Business  
3298 SUMMIT BLVD STE 4  
PENSACOLA, FL 32503

Mailing Address  
3298 SUMMIT BLVD STE 4  
PENSACOLA, FL 32503

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

ETHERIDGE, RAY *Ray Etheridge*  
3298 SUMMIT BLVD, #4  
PENSACOLA, FL 32503

Name

*Ray D. Etheridge*

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

*3298 Summit Blvd.*

*Suite #4*

*Pensacola*

**\$8.75 Additional  
Fee Required**

**FL** Zip Code **32503**

7. Name and Address of New Registered Agent

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 *Richard Thomas*

4/2/06

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, 2006**

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SABA, MICHAEL P 3298 SUMMIT BLVD, #18 PENSACOLA, FL 325034350	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas, Richard 474 Man O War Circle Cantonment, FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRANZ, JON 3298 SUMMIT BLVD, #18 PENSACOLA, FL 325034350	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Stanley, Matthew 7101 Joy St. I-5 Pensacola, FL 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SZTD CALDWELL, TOM 3298 SUMMIT BLVD, #18 PENSACOLA, FL 325034350	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Montayne, Perry 7101 Joy St. E-20 Pensacola, FL 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Tehranian, Chris 7101 Joy St. G-6 Pensacola, FL 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/1106 857-434-3186  
Date Daytime Phone #