

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

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90033 023 ****61.25

DOCUMENT # N05000012017

1. Entity Name
FLORENCIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**14900 RIVER ROAD
PENSACOLA, FL 32507**

Mailing Address
**PO BOX 34009
PENSACOLA, FL 32507**

DO NOT WRITE IN THIS SPACE



07082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-3840961

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~HODGES, SHEILA~~ **Les Williams**
**14900 RIVER ROAD
PENSACOLA, FL 32507**

**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)

7/14/08
DATE

**Filing Fee is \$61.25
Due by September 12, 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
**D
BRELAND, CHARLES K JR
14900 RIVER ROAD
PENSACOLA, FL 32507**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
VICE, THOMAS E
PO BOX 9120
COLUMBUS, MS 39705**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TRICE, LARRY
6301 MONROE STREET
DAPHNE, AL 36256**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HUDGENS, DAVID
9877 PLEASANT RD
DAPHNE, AL 36526**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DOMENICK, ANDREANA
9907 LAUREL KNOLL LANE
GERMANTOWN, TN 38139**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Donnell A. Dorman, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/08
Date

901-262-6471
Daytime Phone #