

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000007159

1. Entity Name
**FERDINAND PLAZA CONDOMINIUM OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**200 EAST GOVERNMENT STREET
STE 240D
PENSACOLA, FL 32501**

Mailing Address
**200 EAST GOVERNMENT STREET
STE 240D
PENSACOLA, FL 32501**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3625021

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPENCER, BRIAN K
17 EAST MAIN STREET
SUITE 100
PENSACOLA, FL 32501**

**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 reconstituting) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

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
SPENCER, BRIAN K
17 EAST MAIN STREET SUITE 100
PENSACOLA, FL 32501**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ORTH, ROGER
1 EAST ZARRAGOZA STREET
PENSACOLA, FL 32501**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPENCER, CRYSTAL C
30 SOUTH SPRING STREET
PENSACOLA, FL 32501**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000659336
03/16/07-80026-031 61.25

**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

3/3/07 850.712-2612
Date Daytime Phone #