

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 28 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762431 (5)**  
 Corporation Name  
**SANDY KEY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>13575 SANDY KEY DRIVE PENSACOLA FL 32507</b>	Mailing Address <b>13575 SANDY KEY DRIVE PENSACOLA FL 32507-9839</b>
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3. Date Incorporated or Qualified <b>03/15/1982</b>	3a. Date of Last Report <b>02/05/1996</b>
4. FEI Number <b>63-0824436</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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**9. Name and Address of Current Registered Agent**

**SMITH, GREGORY D.  
100 SOUTH BAYLEN STREET  
SUITE B  
PENSACOLA FL 32575**

**10. Name and Address of New Registered Agent**

81 Name **Stephen B. Shell**  
 82 Street Address (P.O. Box Number is Not Acceptable) **226 S. Palafox Street**  
 84 City **Pensacola** FL 85 Zip Code **32598**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:  DATE: **3/14/97**

**12. OFFICERS AND DIRECTORS**

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<b>THORNTON, THOMA J.</b>	
STREET ADDRESS	<b>1119 WILLOW RUN ROAD</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>PATERSON, MALCOLM L</b>	
STREET ADDRESS	<b>1692 BETHSAIDA ROAD</b>	
CITY-ST-ZIP	<b>RIVERDALE GA</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HUGHEY, BILL</b>	
STREET ADDRESS	<b>RT 8 BOX 649</b>	
CITY-ST-ZIP	<b>FLORENCE AL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>KURY, BILL</b>	
STREET ADDRESS	<b>09763 MERCER</b>	
CITY-ST-ZIP	<b>CHARLEVOIX MI</b>	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	<b>FROMHERZ, THOMAS</b>	
STREET ADDRESS	<b>1524 LEONTINE STREET</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>MATTHEWS, WALTER L</b>	
STREET ADDRESS	<b>13575 SANDY KEY DR. #216</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Dawson, Sharon</b>	
1.3 STREET ADDRESS	<b>2855 Stefani Road</b>	
1.4 CITY-ST-ZIP	<b>Cantonment, FL 32533</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DeMedicis, Jack</b>	
4.3 STREET ADDRESS	<b>4900 Coshatt Drive</b>	
4.4 CITY-ST-ZIP	<b>Birmingham, AL 35244</b>	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Barnes, Harry H., Jr.</b>	
5.3 STREET ADDRESS	<b>13575 Sandy Key Dr., #123</b>	
5.4 CITY-ST-ZIP	<b>Pensacola, FL 32507</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: **3/18/97** 492 2508

CR2E037 (9/96)