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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762431 (5)
 1. Corporation Name
SANDY KEY OWNERS ASSOCIATION, INC.



Principal Place of Business 13575 SANDY KEY DRIVE PENSACOLA FL 32507	Mailing Address 13575 SANDY KEY DRIVE PENSACOLA FL 32507
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3. Date Incorporated or Qualified 03/15/1982	
4. FEI Number 63-0824436	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SHELL, STEPHEN B
 226 S PALAFOX ST
 PENSACOLA FL 32506**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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, or both, 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAWSON, SHARON	
STREET ADDRESS	2855 STEFANI RD	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PATERSON, MALCOLM L	
STREET ADDRESS	1692 BETHSAIDA ROAD	
CITY-ST-ZIP	RIVERDALE GA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HUGHEY, BILL	
STREET ADDRESS	RT 8 BOX 849	
CITY-ST-ZIP	FLORENCE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEMEDICIS, JACKL	
STREET ADDRESS	4900 COSHATT DR	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARNES, HARRY H JR	
STREET ADDRESS	13575 SANDY KEY DR, 123	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATTHEWS, WALTER L	
STREET ADDRESS	13575 SANDY KEY DR. #218	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	Stuart Parsell
2.4 CITY-ST-ZIP	754 North Deerpath Trail, #6 Suttons Bay, MI 49682
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	277 Indian Springs Drive
3.4 CITY-ST-ZIP	Florence, AL 35630
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4631 18th Avenue
5.4 CITY-ST-ZIP	Meridian, MS 39305
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 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: *Walter L Matthews* **4/17/98 850-492-3866**

CR2E037 (10/97)

Block #12 - Additional Director:

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Leo P. Cailleateau, Jr.
824 Tete Lours Drive
Mandeville, La 70471