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Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45914** (1)

1. Corporation Name
THE SAND KEY CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1340 GULF BLVD-2S CLEARWATER FL 34630	1340 GULF BLVD-2S CLEARWATER FL 34630-2808

3. Date Incorporated or Qualified: 11/06/1991
3a. Date of Last Report: 02/08/1996

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 3014	26 P.O. Box 3014
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CLEARWATER, FL	28 City & State: CLEARWATER FL
24 Zip: 34630 25 Country: PINELLAS	29 Zip: 34630 30 Country: PINELLAS

4. FEI Number: 59-3095881 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NARDI, MICHEL 915 CHESTNUT STREET CLEARWATER FL 34616	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D VICE PRESIDENT	☐ Change ☒ Addition
NAME	WARNER, JAMES		1.2 NAME	ART BIERMAN	
STREET ADDRESS	1340 GULF BLVD, # 25		1.3 STREET ADDRESS	1290 GULF BLVD.	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	CLEARWATER, FL.	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRITSH, NICK		2.2 NAME		
STREET ADDRESS	1340 GULF BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	RUBEN, RICHARD		3.2 NAME		
STREET ADDRESS	1430 GULF BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D TREASURER,	☐ Change ☒ Addition
NAME	STARK, GEORGE		4.2 NAME	MIKE DOOLEY	
STREET ADDRESS	1351 GULF BLVD		4.3 STREET ADDRESS	1540 GULF BLVD.	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	CLEARWATER, FL	
TITLE	D	☒ DELETE	5.1 TITLE	D SECRETARY	☐ Change ☒ Addition
NAME	CALIO, JOSEPH		5.2 NAME	MARILYN MASCOLO	
STREET ADDRESS	1290 GULF BLVD		5.3 STREET ADDRESS	1501 GULF BLVD.	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	CLEARWATER, FL.	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

PE 6.17

Bk dep 61.25

CR2E037 (9/96)

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: [illegible] MICHAEL DOOLEY 4/2/97 813 596-4444