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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
P.O. BOX 3014 CLEARWATER FL 34630	P.O. BOX 3014 CLEARWATER FL 34630

3. Date Incorporated or Qualified: 11/06/1991

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

NARDI, MICHEL
915 CHESTNUT STREET
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

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	VP	☒ DELETE	1.1 TITLE	VP-D	☒ Change ☒ Addition
NAME	BIERMAN, ART		1.2 NAME	CALIO, JOE	
STREET ADDRESS	1290 GULF BLVD.		1.3 STREET ADDRESS	1290 GULF BLVD	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	D	☒ DELETE	2.1 TITLE	VP-D	☐ Change ☐ Addition
NAME	FRITSH, NICK		2.2 NAME	SHANAHAN, VINCENT	
STREET ADDRESS	1340 GULF BLVD		2.3 STREET ADDRESS	1480 GULF BLVD	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	P	☒ DELETE	3.1 TITLE	P	☒ Change ☒ Addition
NAME	RUBEN, RICHARD		3.2 NAME	AMSEL, EDWARD	
STREET ADDRESS	1430 GULF BLVD		3.3 STREET ADDRESS	1340 GULF BLVD	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOOLEY, MIKE		4.2 NAME		
STREET ADDRESS	1540 GULF BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☒ Change ☒ Addition
NAME	MASLOWE, MARILYN		5.2 NAME	SCOTT, JOYCE	
STREET ADDRESS	1501 GULF BLVD.		5.3 STREET ADDRESS	1180 GULF BLVD	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	CLEARWATER, FL 33767	
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		

CR2E037 (10/97)

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: M T Dooley MICHAEL T. DOOLEY 4/24/98 813 596-1141