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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45914

1. Corporation Name

THE SAND KEY CMC ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 3014
CLEARWATER FL 34630

Mailing Address

P.O. BOX 3014
CLEARWATER FL 34630

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/06/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3095881	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		29		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

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD ☐ DELETE	1.1 TITLE	President & Director ☐ Change ☐ Addition
NAME	CALIO, JOE	1.2 NAME	Calio, Joe
STREET ADDRESS	1290 GULF BLVD	1.3 STREET ADDRESS	1290 Gulf Blvd
CITY-ST-ZIP	CLEARWATER FL 33767	1.4 CITY-ST-ZIP	Clearwater, FL 33767
TITLE	VPD ☒ DELETE	2.1 TITLE	Vice President & Director ☐ Change ☒ Addition
NAME	SHANNAN, VINCENT	2.2 NAME	Richard Gans
STREET ADDRESS	1480 GULF BLVD	2.3 STREET ADDRESS	1390 Gulf Blvd.
CITY-ST-ZIP	CLEARWATER FL 33767	2.4 CITY-ST-ZIP	Clearwater, FL 33767
TITLE	P ☒ DELETE	3.1 TITLE	Vice President & Director ☐ Change ☒ Addition
NAME	AMSEL, EDWARD	3.2 NAME	Robert Henion
STREET ADDRESS	1340 GULF BLVD	3.3 STREET ADDRESS	1450 Gulf Blvd.
CITY-ST-ZIP	CLEARWATER FL 33767	3.4 CITY-ST-ZIP	Clearwater, FL 33767
TITLE	TD ☐ DELETE	4.1 TITLE	Treasurer & Director ☐ Change ☒ Addition
NAME	DOOLEY, MIKE	4.2 NAME	KEVIN Teismann
STREET ADDRESS	1540 GULF BLVD.	4.3 STREET ADDRESS	1560 Gulf Blvd.
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater, FL 33767
TITLE	SD ☐ DELETE	5.1 TITLE	
NAME	SCOTT, JOYCE	5.2 NAME	
STREET ADDRESS	1180 GULF BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33767	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99 (727) 578-8122

Date

Daytime Phone #

CR2E037 (1/98)