

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90098 035 ****61.25

DOCUMENT # N45914

1. Entity Name

THE SAND KEY CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**SAILING CENTER
 GULF BLVD
 CLEARWATER FL 33767**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3095881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NARDI, MICHEL
 915 CHESTNUT STREET
 CLEARWATER FL 34616**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **TEISMANN, KEVIN**
 STREET ADDRESS **1560 GULF BLVD #802**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☒ Change ☐ Addition
 NAME **PRESIDENT JAMES WARNER**
 STREET ADDRESS **1340 GULF BLVD #2-5**
 CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE ☐ Delete
 NAME **VP CALIO, JOE**
 STREET ADDRESS **1290 GULF BLVD #1608**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD DOOLEY, MIKE**
 STREET ADDRESS **1540 GULF BLVD.**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD SCOTT, JOYCE**
 STREET ADDRESS **1180 GULF BLVD**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☒ Change ☐ Addition
 NAME **TREASURER JAMES SNEED**
 STREET ADDRESS **1200 GULF BLVD #803**
 CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE ☐ Delete
 NAME **VRD GANS, RICHARD**
 STREET ADDRESS **1300 GULF BLVD**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☒ Change ☐ Addition
 NAME **AND VP GEORGE BENDEY**
 STREET ADDRESS **1200 GULF BLVD #803**
 CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE ☐ Delete
 NAME **T RENZ, RONALD**
 STREET ADDRESS **1170 GULF BLVD #1104**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Change ☐ Addition
 NAME **SECRETARY SUSAN COX**
 STREET ADDRESS **1170 GULF BLVD #1102**
 CITY-ST-ZIP **CLEARWATER, FL 33767**

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

4/17/02 727-50-9273

CR2E037 (9/01)