

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90068 018 ****61.25

DOCUMENT # N45914

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



Principal Place of Business
**SAILING CENTER
GULF BLVD
CLEARWATER, FL 33767**

Mailing Address
**P.O. BOX 3014
CLEARWATER, FL 34630**

14004000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **WARNER, JAMES**
STREET ADDRESS **1340 GULF BLVD # 2-5**
CITY-ST-ZIP **CLEARWATER, FL 33767**

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

TITLE **VP** ☒ Delete
NAME **CALIO, JOE**
STREET ADDRESS **1200 GULF BLVD # 1808**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE ☐ Change ☒ Addition
NAME **TEO ARAVIN**
STREET ADDRESS **1400 GULF BLVD**
CITY-ST-ZIP **CLEARWATER, FL 33767**

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

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

TITLE **TD** ☐ Delete
NAME **SNEED, JAMES**
STREET ADDRESS **1200 GULF BLVD # 803**
CITY-ST-ZIP **CLEARWATER, FL 33767**

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

TITLE **2ND** ☒ Delete
NAME **BENTLEY, GEORGE**
STREET ADDRESS **1200 GULF BLVD # 1203**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE ☐ Change ☐ Addition
NAME **BOB MAKER**
STREET ADDRESS **1502 GULF BLVD**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **SD** ☒ Delete
NAME **COX, SUSAN**
STREET ADDRESS **1170 GULF BLVD # 1102**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE ☐ Change ☒ Addition
NAME **SECY DAWA RIDLEY**
STREET ADDRESS **1160 GULF BLVD**
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 #

4/07/04 727-599-6101