2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State
02-04-2002 90030 034 ****61.25

DOCUMENT # 762431

1. Entity Name

SANDY KEY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13575 SANDY KEY DRIVE PENSACOLA FL 32507	13575 SANDY KEY DRIVE PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

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 63-0824436 ☐ 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
SHELL, STEPHEN B 226 S PALAFOX ST PENSACOLA FL 32598	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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUTTRAM, JANE 13757 SANDY KEY DR #221 PENSACOLA FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAWTHER, WERNER K. 1501 OAKCLIFF DR HUNTSVILLE AL 35802	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MATTHEWS, WATLER L 13575 SANDY KEY DR #216 PENSACOLA FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MATTHEWS, WALTER L. 13575 SANDY KEY DR #216 PENSACOLA FL 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WILLIAMS, GARY 1275 MERIWETHER RD MONTGOMERY AL 36117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD OLIVER, BARBARA 4639 SMOKEY RD GULF BREEZE FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAMS, GARY 1275 MERIWETHER RD MONTGOMERY AL 36117	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD H ROBERT MCCAMMON 1743 LECONTE DRIVE MARYVILLE TN 37803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWEETSER, JERRY D 1950 BOIS DE ARD FAYETTEVILLE AR 72703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Michael McCammon 1-18-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #