# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 05, 2006**
**Secretary of State**

DOCUMENT# 762431

**Entity Name:** SANDY KEY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13575 SANDY KEY DRIVE
PENSACOLA, FL 32507

**New Principal Place of Business:**

13575 SANDY KEY DRIVE
UNIT 117
PENSACOLA, FL 32507

**Current Mailing Address:**

13575 SANDY KEY DRIVE
PENSACOLA, FL 32507

**New Mailing Address:**

13575 SANDY KEY DRIVE
UNIT 117
PENSACOLA, FL 32507

**FEI Number: 63-0824436** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

SHELL, STEPHEN B
226 S PALAFOX ST
PENSACOLA, FL 32598 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MCLEOD, MAC
Address: 2504 AGNEW ST
City-St-Zip: MONTGOMERY, AL 36117

Title: T ( ) Delete
Name: SNOW, DAN
Address: 1279 OAK LAKE CIRCLE
City-St-Zip: COLLIERVILLE, TN 38014

Title: VD ( ) Delete
Name: MCCAMMON, H. ROBERT
Address: 1743 LECONTE DRIVE
City-St-Zip: MARYVILLE, TN 37803

Title: SD ( ) Delete
Name: MOMAHON, PATRICK
Address: 6192 FORDY DR NE
City-St-Zip: ATLANTA, GA 30325

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: MCLEOD, PURSER L JR
Address: 2504 AGNEW ST
City-St-Zip: MONTGOMERY, AL 36117

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MCCAMMON, H. ROBERT
Address: 1743 LECONTE DRIVE
City-St-Zip: MARYVILLE, TN 37803

Title: SD (X) Change ( ) Addition
Name: MCMAHON, PATRICK
Address: 6192 FORDY DR NE
City-St-Zip: ATLANTA, GA 30325

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PURSER L MCLEOD,JR PRES 07/05/2006

Electronic Signature of Signing Officer or Director — Date