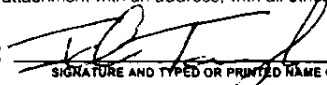


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90037 041 ****61.25

DOCUMENT # 762431 1. Entity Name SANDY KEY OWNERS ASSOCIATION, INC.					
Principal Place of Business 13575 SANDY KEY DRIVE UNIT 117 PENSACOLA, FL 32507			Mailing Address 13575 SANDY KEY DRIVE UNIT 117 PENSACOLA, FL 32507		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 63-0824436	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOOKMAN, ALAN B 30 SOUTH SPRING STREET PENSACOLA, FL 32502				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	P MCLEOD, PURSER L JR 2504 AGNEW ST MONTGOMERY, AL 36117	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Tim Hoberg 428 Walnut St Suite 1800 Cincinnati OH 45202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SNOW, DAN 1279 OAK LAKE CIRCLE COLLIERVILLE, TN 38014	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T John Tancosch 669 Southwind Dr Lilburn GA 30047
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCCAMMON, H. ROBERT 1743 LECONTE DRIVE MARYVILLE, TN 37803	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Purser McLeod, Jr 2504 Agnew St Montgomery AL 36117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCMAHON, PATRICK 6192 FORDY DR NE ATLANTA, GA 30325	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  John Tancosch <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1-8-07 Daytime Phone # 850-492-3094	