

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704023

Entity Name: SOUTH MANASOTA SANDPIPER KEY ASSOCIATION, INC.**Current Principal Place of Business:**5056 N. BEACH RD
#401 #401
ENGLEWOOD, FL 34223**Current Mailing Address:**P O BOX 278
ENGLEWOOD, FL 34295 US**FEI Number:** 65-0122140**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WOLFF, MARY L
2980 N BEACH RD
C-2-1
ENGLEWOOD, FL 34223 US*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:** MARY L WOLFF

01/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT
Name DUNHAM-CARD, JOAN
Address P O BOX 278
City-State-Zip: ENGLEWOOD FL 34295

Title VP
Name OBENDORFER, KATHI
Address 120 STANFORD DR.
City-State-Zip: ENGLEWOOD FL 34223

Title SECRETARY
Name HAMANN, PATRICIA
Address 1501 BEACH RD
#307
City-State-Zip: ENGLEWOOD FL 34223

Title TREASURER
Name WOLFF, MARY L
Address 2980 N BEACH RD
C-2-1
City-State-Zip: ENGLEWOOD FL 34223

Title PRESIDENT
Name OCHAB, DAMIAN
Address 5056 N BEACH RD
#401
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTPR
Name HAGLUND, JAMES
Address 1330 HOLIDAY DR
City-State-Zip: ENGLEWOOD FL 34223

I hereby 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 all other like empowered.

SIGNATURE: MARY L. WOLFF

TREASURER

01/04/2024

Electronic Signature of Signing Officer/Director Detail

Date