## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 762431** 

Entity Name: SANDY KEY OWNERS ASSOCIATION, INC.

**FILED** Feb 23, 2015 **Secretary of State** CC1241202018

## **Current Principal Place of Business:**

13575 SANDY KEY DRIVE **UNIT 117** 

PENSACOLA, FL 32507

## **Current Mailing Address:**

13575 SANDY KEY DRIVE **UNIT 117** 

PENSACOLA, FL 32507

FEI Number: 59-2246620 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BOOKMAN, ALAN B 30 SOUTH SPRING STREET PENSACOLA, FL 32502 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

**PRES** Title Title VΡ

CARUSO, MICHAEL HOBERG, TIM Name Name Address 621 FRANKLIN ST Address 425 WALNUT ST.

**SUITE 1800** 

ASST. TREASURER

City-State-Zip: HUNTSVILLE AL 35801 CINCINNATI OH 45202 City-State-Zip:

Title **SECRETARY** 

Title **DIRECTOR AT LARGE** MCMAHON, PAT Name

HINDLE, ROY Name Address 6192 FERRY DR. NE

3240 RICHARDS DR Address ATLANTA GA 30328

City-State-Zip: SNELLVILLE GA 30039 City-State-Zip:

Title DIRECTOR

Name GILMORE, JAMES SAWYER, MELANIE Name Address 2738 HAWTHORNE DR 8616 WARTELLEL AVE Address

City-State-Zip: ATLANTA GA 30345 City-State-Zip: BATON ROUGE LA 70806

Title **TREASURER** 

Name MORTIMER, BUDDY Address BANK OF KILMICHAEL

P.O. BOX 187

City-State-Zip: KILMICHAEL MS 39747

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.

Title

02/23/2015 SIGNATURE: MICHAEL CARUSO **PRESIDENT**