## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 762431** 

Entity Name: SANDY KEY OWNERS ASSOCIATION, INC.

FILED
Jan 13, 2014
Secretary of State
CC2449737313

## **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: Yes

## 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:

Title PRES Title VP

 Name
 CARUSO, MICHAEL
 Name
 HOBERG, TIM

 Address
 621 FRANKLIN ST
 Address
 425 WALNUT ST.

SUITE 1800

ASST. TREASURER

City-State-Zip: HUNTSVILLE AL 35801

City-State-Zip: CINCINNATI OH 45202

Title SECRETARY

Title DIRECTOR AT LARGE
Name MCMAHON, PAT

Address 6192 FERRY DR. NE Name HINDLE, ROY

Address 3240 RICHARDS DR
City-State-Zip: ATLANTA GA 30328

-zip. ATLANTA GA 30328 City-State-Zip: SNELLVILLE GA 30039

Title DIRECTOR AT LARGE Title

Name NICHOLSON, CARL Name WARD, JOE

Address P.O. BOX 15099 Address 5480 NORTHSHORE ROAD

City-State-Zip: HATTIESBURG MS 39404 City-State-Zip: PENSACOLA FL 32507

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.

SIGNATURE: MICHAEL CARUSO PRESIDENT 01/13/2014