

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762431

**FILED**  
**Jan 15, 2013**  
**Secretary of State**  
**CC7317682031**

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

**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  
Name            CARUSO, MICHAEL  
Address        621 FRANKLIN ST  
City-State-Zip: HUNTSVILLE AL 35801

Title            TREASURER  
Name            NICHOLSON, CARL  
Address        P.O. BOX 15099  
City-State-Zip: HATTISBURG MS 39040

Title            VP  
Name            MORTIMER, BUDDY  
Address        P.O. BOX 187  
City-State-Zip: KILMICHAEL MS 39747

Title            ASST. SECRETARY  
Name            KRUSE, BOB  
Address        5803 CRINGER RD.  
City-State-Zip: HUNTSVILLE AL 35802

Title            SECRETARY  
Name            MCMAHON, PAT  
Address        6192 FERRY RD  
City-State-Zip: ATLANTA GA 30328

Title            ASST. TREASURER  
Name            WARD, JOE  
Address        5480 NORTSHORE ROAD  
City-State-Zip: PENSACOLA FL 32507

Title            DIRECTOR  
Name            HOBERG, TIM  
Address        425 WALNUT ST  
                 SUITE 1800  
City-State-Zip: CINCINNATI OH 45202

*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

**PRES**

**01/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date