

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 762431

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

**Current Principal Place of Business:**

13575 SANDY KEY DRIVE  
UNIT 117  
PENSACOLA, FL 32507

**Current Mailing Address:**

C/O PERDIDO SAND REALTY INC  
5615 BAUER RD  
PENSACOLA, FL 32507 US

**FEI Number:** 59-2246620

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PERDIDO SAND REALTY INC  
5615 BAUER RD  
PENSACOLA, FL 32507 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:** THEODORE S JOHNSON

09/29/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LOWMAN, BRUCE  
Address        557 CROFTON PARK LANE  
City-State-Zip: FRANKLIN TN 37069

Title           DIRECTOR  
Name           CARUSO, P. MICHAEL DR.  
Address        621 FRANKLIN ST.  
City-State-Zip: HUNTSVILLE AL 32501

Title           VP  
Name           MACKENZIE, JAMES ANN  
Address        13575 SANDY KEY DRIVE  
                  UNIT 522  
City-State-Zip: PENSACOLA FL 32507

Title           PRESIDENT  
Name           MARSCHAND, LARRY  
Address        9931 SOUTHWIND CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46256

Title           SECRETARY  
Name           MARSHALL, CINDY  
Address        7227 COLGATE AVE  
City-State-Zip: DALLAS TX 75225

Title           DIRECTOR  
Name           MILDEN, JAN  
Address        13575 SANDY KEY DR  
                  #822  
City-State-Zip: PENSACOLA FL 32507

Title           DIRECTOR  
Name           STOPLER, CHERYLYN  
Address        3559 S HAMPTON WAY  
City-State-Zip: PACE FL 32571

*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:** LARRY MARSCHAND

PRESIDENT

09/29/2022

Electronic Signature of Signing Officer/Director Detail

Date