

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762431

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

**FILED**  
**Mar 09, 2021**  
**Secretary of State**  
**6918652577CC**

**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 :**

Title SECRETARY  
Name GILMORE, JAMES  
Address 2738 HAWTHORNE DR  
City-State-Zip: ATLANTA GA 30345

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

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

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

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

Title TREASURER  
Name SCHWEIZER, JAMES  
Address 13575 SANDY KEY DR  
# 814  
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR  
Name PHILPOT, BUDDY  
Address 6135 NANCY'S VISTA  
City-State-Zip: SPRINGDALE AR 72762

Title DIRECTOR  
Name TOLER, STEVE  
Address 625 WESTVIEW DRIVE  
City-State-Zip: LEBANON TN 37087

*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:** CARUSO , P. MICHAEL , DR.

**PRESIDENT**

**03/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date