

2017 FLORIDA NOT FOR PROFIT CORPORATION 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:**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	VP
Name	HOBERG, TIM
Address	425 WALNUT ST. SUITE 1800
City-State-Zip:	CINCINNATI OH 45202

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

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

Title	DIRECTOR
Name	LEONARD, NOEL
Address	13575 SANDY KEY DR. UNIT # 425
City-State-Zip:	PENSACOLA FL 32507

Title	SECRETARY
Name	MCPAHON, PAT
Address	6192 FERRY DR. NE
City-State-Zip:	ATLANTA GA 30328

Title	TREASURER
Name	SAWYER, MELANIE
Address	8616 WARTELEL AVE
City-State-Zip:	BATON ROUGE LA 70806

Title	ASSISTANT SECRETARY
Name	ARTHUR, SANDRA
Address	199 ARTHUR SMITH ROAD
City-State-Zip:	JACKSON GA 30233

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: BUDDY MORTIMER

PRESIDENT

01/23/2017

Electronic Signature of Signing Officer/Director Detail_____
Date