

2014 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:** 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	VP
Name	HOBERG, TIM
Address	425 WALNUT ST. SUITE 1800
City-State-Zip:	CINCINNATI OH 45202

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

Title	DIRECTOR AT LARGE
Name	HINDLE, ROY
Address	3240 RICHARDS DR
City-State-Zip:	SNELLVILLE GA 30039

Title	DIRECTOR AT LARGE
Name	NICHOLSON, CARL
Address	P.O. BOX 15099
City-State-Zip:	HATTIESBURG MS 39404

Title	ASST. TREASURER
Name	WARD, JOE
Address	5480 NORTHSORE ROAD
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**

Electronic Signature of Signing Officer/Director Detail

Date