FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:45

DOCUMENT # 737015 (8)

1. Corporation Name
CONDOMINIUM OWNERS ASSOCIATION OF SAND CAY, INC.

Principal Place of Business	Mailing Address
4725 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228	4725 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1976
3a. Date of Last Report: 06/27/1994
4. FEI Number: 59-1692143 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

JOHNSON, CHERI L.
2250 EUGENE ST
SARASOTA FL 34231

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Cheri A. Johnson — 6/9/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	HART, PARTICK	12 NAME		
STREET ADDRESS	14575 UNIVERSITY AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	WAUKEE IO	14 CITY-ST-ZIP		
TITLE	~~VP~~	21 TITLE	PRES.	☒ Change ☐ Addition
NAME	KOCIAN, MARVIN	22 NAME		
STREET ADDRESS	157 WOODSTOCK	23 STREET ADDRESS		
CITY-ST-ZIP	KENILWORHT IL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	BOFFA, RAYMOND	32 NAME		
STREET ADDRESS	1000 PARADISE RD.	33 STREET ADDRESS		
CITY-ST-ZIP	SWAMPSCOTT MA	34 CITY-ST-ZIP		
TITLE	P	41 TITLE	Secretary	☒ Change ☐ Addition
NAME	MANNING, JOHN	42 NAME	Ralph Benes.	
STREET ADDRESS	1030 N. STATE ST. 18-1	43 STREET ADDRESS	1909 Center Cir.	
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP	Darien, IL 60559	
TITLE	~~S~~ V	51 TITLE	V. P.	☒ Change ☐ Addition
NAME	NOBLE, LINDA	52 NAME		
STREET ADDRESS	71 CARRIAGE DR	53 STREET ADDRESS		
CITY-ST-ZIP	LINCOLN RI	54 CITY-ST-ZIP		
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	DIMARIO, JOSEPH	62 NAME		
STREET ADDRESS	738 15TH STREET	63 STREET ADDRESS		
CITY-ST-ZIP	OAKMONT PA	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cheri A. Johnson, Mgr. 6/9/95 941-383-5044
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0018100