FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

737015

(8)

CONDOMINIUM	OWNERS	ASSOCIATION	OF.	SAND	CAY.	INC.

OOND	CHINICINI CHINETIS ASSOC	IATION OF SAND CA	i, ino.			
Principal Plac	e of Business	Mailing Address			IEC DIIO BIBII GIBII BIEFI BIBII BIBII BIBII BIBII	
4725 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228		4725 GULF OF MEXICO LONGBOAT KEY FL 34.				
				3. Date incorporated or Qualified 10/11/1976	3a. Date of Last Report 06/15/1995	
2. Principal Place of Business 2a. Mailing Add		2a. Mailing Address		4. FEI Number 59-1692143	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat 23	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζίρ 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes □ No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New	Registered Agent	
			81 Name	`		
JOHNS	on, Cheri L.		80 Charles	100 D- N		
	JGENE ST		82 Street Add	Iress (P:Q. Box Number is Not Accepta	ble)	
	OTA FL 34231		83			
0,40,0	51K1E 04201					
			84 City		FL 85 Zip Code	
or registe	to the provisions of Sections 617,0502 red agent, or both, in the State of Floric ith, and accept the obligations of Secti	la. Such chance was authorize	ad by the corporation's boa	oration submits this statement for the pu and of directors. I hereby accept the app	roops of abanding its registered effici	
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,					
SIGNATORIE	Signature, typeo or printed name of registered agent	anotite fapplicable (NO)	E: Registered Agent signature require	ed when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN: 12	
TITLE	D	DEFELE	1.1 TITLE		Change Addition	
NAME	HART, PARTICK		1.2 NAME		· ·	
STREET ADDRESS	14575 UNIVERSITY AVENUE		1.3 STREET ADDRESS			
CITY - ST - ZIP	WAUKEE IO		1.4 CHY-ST-ZIP			
TITLE	P	DELETE	21 TITLE		☐ Change ☐ Addition	
NAME	KOCIAN, MARVIN		2.2 NAME		_ • _	
STREET ADDRESS	157 WOODSTOCK		2 3 STREET ADDRESS			
CHTY-ST-ZIP	KENILWORHT IL	\	2 4 CITY-ST-ZIP			
TITLE	D	X DELETE	3.1 TITLE		Change Addition	
NAME	BOFFA, RAYMOND	A	3.2 NAME			
STREET ADDRESS	1000 PARADISE RD.		3.3 STREET ADDRESS			
CITY-ST-ZIP	SWAMPSCOTT MA					
TITLE	S S	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
NAME	BENES, RALPH		4. 2 NAME		Change Haddition	
STREET ADDRESS	1909 CENTER CIRCLE					
City-St-ZiP	DARIEN IL		4.3 STREET ADDRESS		i	
TITLE	VP VP	DELETE	4.4 CITY - S1 - ZIP 5.1 TITLE		Change Addition	
NAME	NOBLE, LINDA	Phoeese	5.2 NAME		Change Addition	
STREET ADDRESS	71 CARRIAGE DR		I			
CITY-ST-ZIP	LINCOLN RI		5.3 STREET ADDRESS			
TITLE	T	DELETE	5 4 CHY - ST - ZIP 6 1 TUTLE		Change C Addit	
NAME	DIMARIO, JOSEPH	Decere			☐ Change ☐ Addition	
	736 15TH STREET		62 NAME			
STREET ADDRESS	OAKMONT PA		6.3 STREET ADDRESS			
CITY-ST-ZIP	by certify that the information supplied w	ith this filing is valuntarily furnit	6 4 CITY-ST-ZIP	for the exemption stated in Danking 410	OZ/ORA Florida Otal	
cortify tha	t the information indicated on this applied w	of report or supplemental and	of record in the send are	to the exemplion stated in Section 119	.or (эдк), Fioriga Statutes. Liturther	

4. 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 (941)383-504