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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

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 34228-2129

3. Date Incorporated or Qualified: **10/11/1976**
3a. Date of Last Report: **03/07/1996**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	V. PRES.	☐ Change ☒ Addition
NAME	HART, PARTICK		1.2 NAME	PATRICIA CARROLL	
STREET ADDRESS	14575 UNIVERSITY AVENUE		1.3 STREET ADDRESS	1046 GRISSOM DR.	
CITY-ST-ZIP	WAUKEE IO		1.4 CITY-ST-ZIP	PALATINE, IL 60067	
TITLE	P	☐ DELETE	2.1 TITLE	DIR.	☒ Change ☐ Addition
NAME	KOCIAN, MARVIN		2.2 NAME		
STREET ADDRESS	157 WOODSTOCK		2.3 STREET ADDRESS		
CITY-ST-ZIP	KENILWORHT IL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	BOFFA, RAYMOND		3.2 NAME	JOHN WILSON	
STREET ADDRESS	1000 PARADISE RD.		3.3 STREET ADDRESS	12 QUEENSLAND CT.	
CITY-ST-ZIP	SWAMPSCOTT MA		3.4 CITY-ST-ZIP	ETOBICOKE, ONT. M9C4G8	
TITLE	S	☐ DELETE	4.1 TITLE	TREAS.	☒ Change ☐ Addition
NAME	BENES, RALPH		4.2 NAME		
STREET ADDRESS	1909 CENTER CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DARIEN IL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE	DIR.	☒ Change ☐ Addition
NAME	NOBLE, LINDA		5.2 NAME		
STREET ADDRESS	71 CARRIAGE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LINCOLN RI		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE	PRES.	☒ Change ☐ Addition
NAME	DIMARIO, JOSEPH		6.2 NAME		
STREET ADDRESS	736 15TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	OAKMONT PA		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 S. Johnson, Manager 3/3/97 (941)383-5044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0062645