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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 10/11/1976

4. FEI Number: 59-1692143 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, CHERI L.
2250 EUGENE ST
SARASOTA FL 34231

JAN 03 1998

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 SAME

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	VP	☐ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	CARROLL, PATRICIA		1.2 NAME		
STREET ADDRESS	1046 GRISSON DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALATINE IL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	Sec.	☐ Change ☒ Addition
NAME	KOCIAN, MARVIN		2.2 NAME	Rudy King	
STREET ADDRESS	157 WOODSTOCK		2.3 STREET ADDRESS	420 Oak Creek Tr.	
CITY-ST-ZIP	KENILWORHT IL		2.4 CITY-ST-ZIP	Madison, WI 53711	
TITLE	S	☐ DELETE	3.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	WILSON, JOHN		3.2 NAME		
STREET ADDRESS	12 QUEENSLAND CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	STOBICOKE ON		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	Pres.	☒ 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	D	☐ DELETE	5.1 TITLE	Director	☒ 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	P	☐ DELETE	6.1 TITLE	Treas.	☒ 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 (10/97)

14. I 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 Johnson 1/14/98 (941)383-5044
SIGNATURE REQUIRED