

FILE NOW: FILING FEE IS \$61.25

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Mar 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762431** (5)

Corporation Name  
**SANDY KEY OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>13575 SANDY KEY DRIVE PENSACOLA FL 32507</b>	Mailing Address <b>13575 SANDY KEY DRIVE PENSACOLA FL 32507-9839</b>
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3. Date Incorporated or Qualified <b>03/15/1982</b>		3a. Date of Last Report <b>02/05/1996</b>	
4. FEI Number <b>63-0824436</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

9. Name and Address of Current Registered Agent

**SMITH, GREGORY D.  
100 SOUTH BAYLEN STREET  
SUITE B  
PENSACOLA FL 32575**

10. Name and Address of New Registered Agent

81 Name  
**Stephen B. Shell**

82 Street Address (P.O. Box Number is Not Acceptable)  
**226 S. Palafox Street**

83

84 City  
**Pensacola**

85 Zip Code  
**FL 32598**

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 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 **3/14/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	D
NAME	THORNTON, THOMA J.	1.2 NAME	Dawson, Sharon
STREET ADDRESS	1119 WILLOW RUN ROAD	1.3 STREET ADDRESS	2855 Stefani Road
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	Cantonment, FL 32533
TITLE	S	2.1 TITLE	
NAME	PATERSON, MALCOLM L	2.2 NAME	
STREET ADDRESS	1692 BETHSAIDA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERDALE GA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	P
NAME	HUGHEY, BILL	3.2 NAME	
STREET ADDRESS	RT 8 BOX 649	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLORENCE AL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	KURY, BILL	4.2 NAME	DeMedicis, Jack
STREET ADDRESS	09763 MERCER	4.3 STREET ADDRESS	4900 Coshatt Drive
CITY-ST-ZIP	CHARLEVOIX MI	4.4 CITY-ST-ZIP	Birmingham, AL 35244
TITLE	P	5.1 TITLE	VP
NAME	FROMHERZ, THOMAS	5.2 NAME	Barnes, Harry H., Jr.
STREET ADDRESS	1524 LEONTINE STREET	5.3 STREET ADDRESS	13575 Sandy Key Dr., #123
CITY-ST-ZIP	NEW ORLEANS LA	5.4 CITY-ST-ZIP	Pensacola, FL 32507
TITLE	T	6.1 TITLE	
NAME	MATTHEWS, WALTER L	6.2 NAME	
STREET ADDRESS	13575 SANDY KEY DR. #216	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	

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: \_\_\_\_\_ DATE **3/18/97**

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CR2E037 (9/96)