

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762431 (5)**  
 1. 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</b>
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3. Date Incorporated or Qualified <b>03/15/1982</b>
4. FEI Number <b>63-0824436</b>
Applied For <input type="checkbox"/> Not Applicable

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

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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SHELL, STEPHEN B  
 226 S PALAFOX ST  
 PENSACOLA FL 32506**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DAWSON, SHARON</b>
STREET ADDRESS	<b>2855 STEFANI RD</b>
CITY-ST-ZIP	<b>CANTONMENT FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PATERSON, MALCOLM L</b>
STREET ADDRESS	<b>1692 BETHSAIDA ROAD</b>
CITY-ST-ZIP	<b>RIVERDALE GA</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>HUGHEY, BILL</b>
STREET ADDRESS	<b>RT 8 BOX 849</b>
CITY-ST-ZIP	<b>FLORENCE AL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEMEDICIS, JACKL</b>
STREET ADDRESS	<b>4900 COSHATT DR</b>
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>BARNES, HARRY H JR</b>
STREET ADDRESS	<b>13575 SANDY KEY DR, 123</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>MATTHEWS, WALTER L</b>
STREET ADDRESS	<b>13575 SANDY KEY DR. #218</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Stuart Parsell</b>
2.3 STREET ADDRESS	<b>754 North Deerpath Trail, #6</b>
2.4 CITY-ST-ZIP	<b>Suttons Bay, MI 49682</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>277 Indian Springs Drive</b>
3.4 CITY-ST-ZIP	<b>Florence, AL 35630</b>
4.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>4631 18th Avenue</b>
5.4 CITY-ST-ZIP	<b>Meridian, MS 39305</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Walter L. Matthews* **4/17/98 850-492-3866**

CR2E037 (10/97)

Block #12 - Additional Director:

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Leo P. Cailleateau, Jr.  
824 Tete Lours Drive  
Mandeville, La 70471