

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 27 1998 8:00am
Secretary of State

DOCUMENT # **762431** (5)

1. Corporation Name

SANDY KEY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**13575 SANDY KEY DRIVE
PENSACOLA FL 32507**

**13575 SANDY KEY DRIVE
PENSACOLA FL 32507**

3. Date Incorporated or Qualified

03/15/1982

4. FEI Number

63-0824436

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

Zip

Country

24

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **DAWSON, SHARON**
STREET ADDRESS **2855 STEFANI RD**
CITY-ST-ZIP **CANTONMENT FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE
NAME **PATERSON, MALCOLM L**
STREET ADDRESS **1692 BETHSAIDA ROAD**
CITY-ST-ZIP **RIVERDALE GA**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Stuart Parsell**
2.4 CITY-ST-ZIP **754 North Deerpath Trail, #6
Suttons Bay, MI 49682**

TITLE **P** ☐ DELETE
NAME **HUGHEY, BILL**
STREET ADDRESS **RT 8 BOX 849**
CITY-ST-ZIP **FLORENCE AL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **277 Indian Springs Drive**
3.4 CITY-ST-ZIP **Florence, AL 35630**

TITLE **D** ☐ DELETE
NAME **DEMEDICIS, JACKL**
STREET ADDRESS **4900 COSHATT DR**
CITY-ST-ZIP **BIRMINGHAM AL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **S**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **BARNES, HARRY H JR**
STREET ADDRESS **13575 SANDY KEY DR, 123**
CITY-ST-ZIP **PENSACOLA FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **4631 18th Avenue**
5.4 CITY-ST-ZIP **Meridian, MS 39305**

TITLE **T** ☐ DELETE
NAME **MATTHEWS, WALTER L**
STREET ADDRESS **13575 SANDY KEY DR. #218**
CITY-ST-ZIP **PENSACOLA FL**

6.1 TITLE ☐ Change ☐ 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:

D

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