


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90154 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762431

1. Corporation Name

SANDY KEY OWNERS ASSOCIATION, INC.

Principal Place of Business
 13575 SANDY KEY DRIVE
 PENSACOLA FL 32507

Mailing Address
 13575 SANDY KEY DRIVE
 PENSACOLA FL 32507

3 62066-90154-35 6 *



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/15/1982
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	63-0824436
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
		Trust Fund Contribution

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 32508

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

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWSON, SHARON	1.2 NAME	Jane Buttram
STREET ADDRESS	2855 STEFANI RD	1.3 STREET ADDRESS	13575 Sandy Key Dr., #221
CITY-ST-ZIP	CANTONMENT FL	1.4 CITY-ST-ZIP	Pensacola, FL 32507
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARSELL, STUART	2.2 NAME	Gary Williams
STREET ADDRESS	754 NORTH DEERPATH TRAIL #6	2.3 STREET ADDRESS	1275 Meriwether Road
CITY-ST-ZIP	SUTTONS BAY MI 49682	2.4 CITY-ST-ZIP	Montgomery, AL 36117
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHEY, BILL	3.2 NAME	Barbara Oliver
STREET ADDRESS	277 INDIAN SPRINGS DR	3.3 STREET ADDRESS	4639 Smokey Road
CITY-ST-ZIP	FLORENCE AL 35630	3.4 CITY-ST-ZIP	Gulf Breeze, FL 32561
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	DEMEDICIS, JACKL	4.2 NAME	
STREET ADDRESS	4900 COSHATT DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BARNES, HARRY H JR	5.2 NAME	
STREET ADDRESS	4631 18TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERIDIAN MS 39305	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter L. Matthews

850-492-3886

Date Daytime Phone #