

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90030 034 \*\*\*\*61.25

**DOCUMENT # 762431**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**63-0824436**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHELL, STEPHEN B  
226 S PALAFOX ST  
PENSACOLA FL 32598**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10'

TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BUTTRAM, JANE</b>	
STREET ADDRESS	<b>13757 SANDY KEY DR #221</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MATTHEWS, WATLER L</b>	
STREET ADDRESS	<b>13575 SANDY KEY DR #216</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, GARY</b>	
STREET ADDRESS	<b>1275 MERIWETHER RD</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL 36117</b>	
TITLE	<b>ASD</b>	<input type="checkbox"/> Delete
NAME	<b>OLIVER, BARBARA</b>	
STREET ADDRESS	<b>4639 SMOKEY RD</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILLIAMS, GARY</b>	
STREET ADDRESS	<b>1275 MERIWETHER RD</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL 36117</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SWEETSER, JERRY D</b>	
STREET ADDRESS	<b>1950 BOIS DE ARD</b>	
CITY-ST-ZIP	<b>FAYETTEVILLE AR 72703</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAWTHER, WERNER K.</b>	
STREET ADDRESS	<b>1501 OAKCLIFF DR</b>	
CITY-ST-ZIP	<b>HUNTSVILLE AL 35802</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATTHEWS, WALTER L.</b>	
STREET ADDRESS	<b>13575 SANDY KEY DR #216</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>H ROBERT MCCAMMON</b>	
STREET ADDRESS	<b>1743 LECONTE DRIVE</b>	
CITY-ST-ZIP	<b>MARYVILLE TN 37803</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)