


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90184 008 ****61.25

DOCUMENT # 762431 1. Entity 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		
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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P WILLIAMS, GARY <input type="checkbox"/> Delete 1275 MERIWETHER ROAD MONTGOMERY, AL 36117		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD <input checked="" type="checkbox"/> Delete MATTHEWS, WATLER L 13575 SANDY KEY DR #216 PENSACOLA, FL 32507		TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition IAN MCKENNA 9145 KINCOCK DRIVE INDIANAPOLIS, IN 46256	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD <input type="checkbox"/> Delete MCCAMMON, H. ROBERT 1743 LECONTE DRIVE MARYVILLE, TN 37803		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <input checked="" type="checkbox"/> Delete WERNER, LAWYER K 1501 OAKCLIFF DRIVE HUNTSVILLE, AL 35802		TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MAC MCGOOD 2504 Agnew Street MONTGOMERY AL 36106	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>David J. Ricchetti</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-27-04 Daytime Phone #		