2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762431

FILED Jul 05, 2006 Secretary of State

Entity Name: SANDY KEY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

13575 SANDY KEY DRIVE 13575 SANDY KEY DRIVE PENSACOLA, FL 32507

UNIT 117

PENSACOLA, FL 32507

Current Mailing Address: New Mailing Address:

13575 SANDY KEY DRIVE 13575 SANDY KEY DRIVE PENSACOLA, FL 32507 **UNIT 117**

PENSACOLA, FL 32507

FEI Number: 63-0824436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHELL, STEPHEN B 226 S PALAFOX ST

PENSACOLA, FL 32598 US

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:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MCLEOD, MAC MCLEOD, PURSER L JR Name: Name:

2504 AGNEW ST Address: 2504 AGNEW ST Address: City-St-Zip: MONTGOMERY, AL 36117 City-St-Zip: MONTGOMERY, AL 36117

Title: () Delete Title: () Change () Addition

Name: SNOW, DAN Name:

Address: 1279 OAK LAKE CIRCLE Address: City-St-Zip: COLLIERVILLE, TN 38014 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

MCCAMMON, H. ROBERT MCCAMMON, H. ROBERT Name: Name: 1743 LECONTE DRIVE Address: Address: 1743 LECONTE DRIVE City-St-Zip: MARYVILLE, TN 37803 City-St-Zip: MARYVILLE, TN 37803

Title: SD () Delete Title: SD (X) Change () Addition

MOMAHON, PATRICK Name: Name: MCMAHON, PATRICK 6192 FORDY DR NE 6192 FORDY DR NE Address: Address: City-St-Zip: ATLANTA, GA 30325 City-St-Zip: ATLANTA, GA 30325

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PURSER L MCLEOD.JR **PRES** 07/05/2006