

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90246 017 ***61.25

DOCUMENT #N45914

1. Entity Name
THE SAND KEY CIVIC ASSOCIATION, INC.



Principal Place of Business
**SAILING CENTER
GULF BLVD
CLEARWATER, FL 33767**

Mailing Address
**P.O. BOX 3014
CLEARWATER, FL 34630**

40000110



01032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3095881

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DOOLEY, MICHAEL
1540 GULF BLVD #1401
CLEARWATER BEACH, FL 33767**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOPKINS, DAVE	
STREET ADDRESS	1430 GULF BLVD.	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCLACHLAN, HERB	
STREET ADDRESS	1180 GULF BLVD #102	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FRITSON, NICK	
STREET ADDRESS	1310 GULF BLVD 108	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALIO, JOE	
STREET ADDRESS	1290 GULF BLVD #310	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOENIG, JERRY	
STREET ADDRESS	1560 GULF BLVD #1603	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	
TITLE	P	<input type="checkbox"/> Delete
NAME	DOOLEY, MIKE	
STREET ADDRESS	1540 GULF BLVD #1401	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURZUMATO, ERNEST	
STREET ADDRESS	1430 GULF BLVD #310	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLACHLAN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, CASE	
STREET ADDRESS	1180 GULF BLVD #2002	
CITY-ST-ZIP	CLEARWATER, FL 33767	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

H.W. MCLACHLAN 1/3/07 (727) 593-1958