FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728053 (0)

1. Corporation Name
SEASPRAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1530 HIGHWAY 98 EAST FORT WALTON BEACH FL 32548	1530 HIGHWAY 98 EAST FORT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/19/1973**
3a. Date of Last Report: **04/04/1994**
4. FEI Number: **59-1895220** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SPRAGUE, JOAN C
1530 HIGHWAY 98 EAST
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: Joan S. Neese
82 Street Address (P.O. Box Number is Not Acceptable): 1530 U.S. Highway 98 East
83:
84 City: Fort Walton Beach, FL 85 Zip Code: 32548

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Joan S. Neese — Joan S. Neese - General Manager — 4/3/95
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	ASD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FREEMAN, LOUIS	1.2 NAME	Constantine Konstans	
STREET ADDRESS	1230 JEFFERSON DR.	1.3 STREET ADDRESS	2020 Dean St. Suite f	
CITY-ST-ZIP	BRENTWOOD TN	1.4 CITY-ST-ZIP	St. Charles, IL 60174	
TITLE	PD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HILTON, CHARLES B	2.2 NAME	Robert L. Griffith	
STREET ADDRESS	RT. 1, BOX 294	2.3 STREET ADDRESS	7018 Tifton Ave	
CITY-ST-ZIP	HALEYVILLE, AL 00000	2.4 CITY-ST-ZIP	Montgomery, AL 36116	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	SHARKEY, JOSEPH W.	3.2 NAME	Jim Pigg	
STREET ADDRESS	1100 BAY COURT	3.3 STREET ADDRESS	240 Country Club	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	Shalimar, FL 32579	
TITLE	VD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	VAN DYKE, ELYSE	4.2 NAME	Charles B. Hilton	
STREET ADDRESS	283 BRIARWOOD CIRCLE	4.3 STREET ADDRESS	Rt. 1 Box 294	
CITY-ST-ZIP	FT. WALTON BCH. FL	4.4 CITY-ST-ZIP	Haleyville, AL 35565	
TITLE	TD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	WHELCHEL, WILLIAM L.	5.2 NAME	Louis F. Freeman, Jr.	
STREET ADDRESS	936 MARNAN DR, N.W.	5.3 STREET ADDRESS	1230 Jefferson Davis	
CITY-ST-ZIP	FT. WALTON BCH. FL	5.4 CITY-ST-ZIP	Brentwood, TN 37027	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jim L. Pigg Sec. — Jim L. Pigg-Secretary — 5 APRIL 95 — (904) 244-1108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007 1995