

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 728053 (0)
1. Corporation Name
SEASPRAY CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **11/19/1973**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**NEESE, JOAN S.
1530 HIGHWAY 98 EAST
FORT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Joan S. Neese* (NOTE: Registered Agent signature required when reinstating)
DATE: **1-25-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KONSTANS, CONSTNTINE	
STREET ADDRESS	2020 DEAN ST., STE F	
CITY-ST-ZIP	ST. CHARLES IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRIFFITH, ROBERT L.	
STREET ADDRESS	7018 TIFTON AVENUE	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PIGG, JIM	
STREET ADDRESS	240 COUNTRY CLUB	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HILTON, CHARLES B.	
STREET ADDRESS	RT 1 BOX 294	
CITY-ST-ZIP	HALEYVILLE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEMAN, LOUIS F. J	
STREET ADDRESS	1230 JEFFERSON DAVIS	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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: *Jimmy L. Pigg* **26 Feb 1996 904-244-1108**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)