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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandy B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified
11/19/1973

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

Country

28 Zip

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

10. Name and Address of New Registered Agent

NEESE, JOAN S.
1530 HIGHWAY 98 EAST
FORT WALTON BEACH FL 32548

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

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 *Patricia Culpepper*

Patricia Culpepper G.M.

02/21/97

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

TITLE PD
NAME KONSTANS, CONSTNTINE
STREET ADDRESS 2020 DEAN ST., STE F
CITY-ST-ZIP ST. CHARLES IL DELETE

TITLE VD
NAME GRIFFITH, ROBERT L.
STREET ADDRESS 7018 TIFTON AVENUE
CITY-ST-ZIP MONTGOMERY AL DELETE

TITLE SD
NAME PIGG, JIM
STREET ADDRESS 240 COUNTRY CLUB
CITY-ST-ZIP SHALIMAR FL DELETE

TITLE TD
NAME HILTON, CHARLES B.
STREET ADDRESS RT 1 BOX 294
CITY-ST-ZIP HALEYVILLE AL DELETE

TITLE D
NAME FREEMAN, LOUIS F. J
STREET ADDRESS 1230 JEFFERSON DAVIS
CITY-ST-ZIP BRENTWOOD TN DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD
3.2 NAME John S. Williams
3.3 STREET ADDRESS P. O. Box 1075
3.4 CITY-ST-ZIP Fort Walton Beach, FL Change Addition

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D
5.2 NAME Elyse Van Dyke
5.3 STREET ADDRESS 283 Briarwood Circle
5.4 CITY-ST-ZIP Fort Walton Beach, FL Change Addition

6.1 TITLE Change 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 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, changed, or on an attachment with an address.

SIGNATURE

Patricia Culpepper

(904)

CR2E037 (9/96)