

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/19/1973	
4. FEI Number 59-1895220	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CULPEPPER, PATRICIA L
1530 U.S. HIGHWAY 98 EAST
FORT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

81 Name LAWRENCE W. PETTIT	
82 Street Address (P.O. Box Number is Not Acceptable) 28 SOLAR ST	
83	
84 City MARY ESTHER	85 Zip Code FL 32569

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: *Lawrence W. Pettit* (NOTE: Registered Agent signature required when reinstating) DATE: **May 6/98**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME KONSTANS, CONSTNTINE	<input type="checkbox"/> DELETE
STREET ADDRESS 2020 DEAN ST., STE F	CITY-ST-ZIP ST. CHARLES IL	
TITLE VD	NAME GRIFFITH, ROBERT L.	<input type="checkbox"/> DELETE
STREET ADDRESS 7018 TIFTON AVENUE	CITY-ST-ZIP MONTGOMERY AL	
TITLE SD	NAME WILLIAMS, JOHN S	<input type="checkbox"/> DELETE
STREET ADDRESS P.O. BOX 1075 N/A	CITY-ST-ZIP FORT WALTON BEACH FL	
TITLE TD	NAME HILTON, CHARLES B.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS RT 1 BOX 294	CITY-ST-ZIP HALEYVILLE AL	
TITLE D	NAME DYKE-VAN, ELYSE	<input type="checkbox"/> DELETE
STREET ADDRESS 283 BRIARWOOD CIRCLE	CITY-ST-ZIP FORT WALTON BEACH FL	
TITLE	NAME	<input type="checkbox"/> DELETE
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	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KIL PATRICK COLUMBUS
4.3 STREET ADDRESS	P.O. BOX 878 N/A
4.4 CITY-ST-ZIP	HALEYVILLE, AL
5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LAWRENCE W. PETTIT
6.3 STREET ADDRESS	28 SOLAR ST
6.4 CITY-ST-ZIP	MARY ESTHER, FL 32569

14. I 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 if changed, upon an attachment with an address.

SIGNATURE: *Lawrence W. Pettit* 4/23/98 850 244 1108

CR2E037 (1097)