

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 22, 2000 8:00 am
Secretary of State

04-24-2000 90061 039 ****61.25

DOCUMENT # 728053

1. Entity Name

SEASPRAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1530 HIGHWAY 98 EAST
 FORT WALTON BEACH FL 32548

1530 MIRACLE STRIP PKWY S.E.
 FORT WALTON BEACH FL 32548-6238

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1895220

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETTIT, LAWRENCE W
28 SOLAR STREET
MARY ESTHER FL 32569

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.

SIGNATURE

Lawrence W. Pettit
 Signature, typed or printed name of registered agent and fee if applicable.

LAWRENCE W. PETTIT

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	JOINER, RICHARD	
STREET ADDRESS	10349 BOGLENOTE WAY	
CITY-ST-ZIP	COLUMBIA MD 21044	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOHN S.	
STREET ADDRESS	P.O. BOX 1075 N/A	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KILPATRICK, COLUMBUS	
STREET ADDRESS	P.O. BOX 878 N/A	
CITY-ST-ZIP	HALEYVILLE AL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DYKE-VAN, ELYSE	
STREET ADDRESS	283 BRIARWOOD CIRCLE	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PETTIT, LAWRENCE W	
STREET ADDRESS	28 SOLAR ST.	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" 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		
TITLE	VD	<input checked="" 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		
TITLE	D BINNIX, G, DAVID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	6021 CATAMARAN CT	
CITY-ST-ZIP	FLOWERY BEACH, GA 30542	

12. 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 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 REQUIRED

LAWRENCE W. PETTIT

Date

Daytime Phone #

5/10/00 **860 244 1108**

CR2E037 (9/99)