

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90048 015 ****61.25

DOCUMENT # 728053

1. Entity Name

SEASPRAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1530 HIGHWAY 98 EAST
FORT WALTON BEACH FL 32548

Mailing Address

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **JOINER, RICHARD**
STREET ADDRESS **10349 BOGLENOTE WAY**
CITY- ST- ZIP **COLUMBIA MD 21044**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **PD** ☐ Delete
NAME **WILLIAMS, JOHN S**
STREET ADDRESS **P.O. BOX 1075 N/A**
CITY- ST- ZIP **FORT WALTON BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **SD** ☐ Delete
NAME **KILPATRICK, COLUMBUS**
STREET ADDRESS **P.O. BOX 878 N/A**
CITY- ST- ZIP **HALEYVILLE AL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **TD** ☐ Delete
NAME **DYKE-VAN, ELYSE**
STREET ADDRESS **283 BRIARWOOD CIRCLE**
CITY- ST- ZIP **FORT WALTON BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **AS** ☐ Delete
NAME **PETTIT, LAWRENCE W**
STREET ADDRESS **28 SOLAR ST**
CITY- ST- ZIP **MARY ESTHER FL 32569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/04
Date

850-244-1108
Daytime Phone #