


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

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
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03292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1895220	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PETTIT, LAWRENCE W
 28 SOLAR STREET
 MARY ESTHER, FL 32569

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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 04/08/05-80069-012 61.25

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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 employment.

SIGNATURE: _____ **Date** 4/02/05 **Daytime Phone #** 854-1108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR