

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728053

FILED
Jan 13, 2009
Secretary of State

Entity Name: SEASPRAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1530 HIGHWAY 98 EAST
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

1530 MIRACLE STRIP PKWY S.E.
FORT WALTON BEACH, FL 325486238

New Mailing Address:

FEI Number: 59-1895220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDEN, EMILY S
1530 HWY 98 EAST
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: JOINER, RICHARD
Address: 10764 FOLKSTONE WAY
City-St-Zip: WOODSTOCK, MD 21163

Title: PD () Delete
Name: WILLIAMS, JOHN S
Address: P.O. BOX 1075 N/A
City-St-Zip: FORT WALTON BEACH, FL

Title: SD () Delete
Name: INMAN, ROBERT E
Address: 164 NIX POINT RD
City-St-Zip: DAWSONVILLE, GA 30534

Title: TD () Delete
Name: DYKE-VAN, ELYSE
Address: 283 BRIARWOOD CIRCLE
City-St-Zip: FORT WALTON BEACH, FL

Title: AS () Delete
Name: WALDEN, EMILY S
Address: 1530 HWY 98 EAS
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: JOINER, RICHARD
Address: 10764 FOLKSTONE WAY
City-St-Zip: WOODSTOCK, MD 21163

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: DEZZUTTO, JOHN
Address: 1530 MIRACLE STRIP PKWY 102D
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: BINNIX, DAVID
Address: 1950 BUFORD DAM ROAD #305
City-St-Zip: CUMMING, GA 30041

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILY S WALDEN

AS

01/13/2009

Electronic Signature of Signing Officer or Director

Date