

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90133 010 ****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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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

Date

Daytime Phone #

CR2E037 (10/02)