

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728053

**Entity Name:** SEASPRAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1530 HIGHWAY 98 EAST  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

1530 HIGHWAY 98 EAST  
FORT WALTON BEACH, FL 32548

**FEI Number:** 59-1895220

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title TD  
Name JOINER, RICHARD  
Address 8781 SPIDER LILLY WAY  
City-State-Zip: PENSACOLA FL 32526

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

Title SD  
Name INMAN, ROBERT E  
Address 164 NIX POINT RD  
City-State-Zip: DAWSONVILLE GA 30534

Title DR  
Name DEZZUTTO, JOHN  
Address 1530 MIRACLE STRIP PKWY 102D  
City-State-Zip: FORT WALTON BEACH FL 32548

Title AS  
Name WALDEN, EMILY S  
Address 1530 HWY 98 EAST  
City-State-Zip: FORT WALTON BEACH FL 32548

Title VP  
Name BINNIX, DAVID  
Address 3431 BLUE SPRUCE COURT  
City-State-Zip: GAINESVILLE GA 30504

*I hereby 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 all other like empowered.*

**SIGNATURE:** EMILY SUE WALDEN

**ASSOCIATION MANAGER** 03/25/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date