2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 23, 2006 8:00 am Secretary of State **DOCUMENT # 740288** 03-23-2006 90012 029 ****61.25 1. Entity Name SPRAY BEACH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1365 \$ ATLANTIC AVE 1415 N ATLANTIC AVE COCOA BCH. FL 32931 COCOA BCH. FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 59-0867273 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAICHE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1365 S ATLANTIC AVE #4 COCOA BEACH FL 32931 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ${\mathbb D}$ Change ☐ Addition LONGA, ERNESTO NAME NAME 1365 S ATLANTIC AVE, #1 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-7IP CITY-ST-ZIP 5/T/D TITLE ☐ Delete TITLE ☐ Addition RAICHE, ROBERT NAME NAME 8 NORTHBROOK DR 803--STREET ADDRESS STREET ADDRESS MANCHESTER NH 03102 CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition TITLE ☐ Delete PROVENCHEX, RAYMOND NAME 20 MOORE ST STREET ADDRESS STREET ADDRESS MANCHESTER NH 03102 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change M Addition Makie Kaiche 305 Starkin. MANChester, NH. 03102 TOBEN, TIM 1365 S. ATLANTIC AVENUE, 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition PARISEAU, ROBERT NAME 93 ROSE DALE AVE STREET ADDRESS STREET ADDRESS MANCHESTER NH 03102 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. Sout F KAICh SV 12/12