

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740288

FILED
Mar 16, 2009
Secretary of State

Entity Name: SPRAY BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1365 S ATLANTIC AVE
COCOA BCH., FL 32931 US

New Principal Place of Business:

Current Mailing Address:

1415 N ATLANTIC AVE
COCOA BCH., FL 32931

New Mailing Address:

FEI Number: 59-0867273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAICHE, ROBERT
1365 S ATLANTIC AVE #4
COCOA BEACH, FL 32931 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: D () Delete
Name: TOBEN, TIM
Address: 1365 S ATLANTIC AVE #2
City-St-Zip: COCOA BEACH, FL 32931

Title: VDS () Delete
Name: RAICHE, ROBERT
Address: 8 NORTHBROOK DR 803
City-St-Zip: MANCHESTER, NH 03102

Title: TD () Delete
Name: PROVENCHEX, RAYMOND
Address: 20 MOORE ST
City-St-Zip: MANCHESTER, NH 03102

Title: PD () Delete
Name: RAICHE, MARIE
Address: 305 STARK LANE
City-St-Zip: MANCHESTER, NH 03102

Title: D () Delete
Name: PARISEAU, ROBERT
Address: 93 ROSE DALE AVE
City-St-Zip: MANCHESTER, NH 03102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ROBERT RAICHE

VPRE

03/16/2009

Electronic Signature of Signing Officer or Director

Date