2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 759445

1. Entity Name
SEASPRAY OF JACKSONVILLE BEACH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ASSOCIATION MGMT OF PONTE VEDRA, INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082	ASSOCIATION MGMT OF PONTE VEDRA, INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082

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04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3190025
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONNOLLY, C R
ASSOCIATION MANAGMENT OF PONTE VEDRA, INC
3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

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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 C.R. Connolly C.R. CONNOLLY 4-5-06
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TSD
NAME	KENNY, PAUL
STREET ADDRESS	1 BLUE FISH PLACE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	DVP
NAME	WALSH, DANIEL
STREET ADDRESS	829 1ST ST, # 1E
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	PD
NAME	ATKINS, DENA
STREET ADDRESS	7965 JOSHUA TREE LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/06-80001-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] April 15, 2005 904.564.1867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #