

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # 759445



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

Principal Place of Business

ASSOCIATION MGMT OF PONTE VEDRA, INC  
3103 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082

Mailing Address

ASSOCIATION MGMT OF PONTE VEDRA, INC  
3103 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE IN THIS SPACE**

**FILED  
Apr 30, 2007 8:00 am  
Secretary of State**

04-30-2007 90394 021 \*\*\*\*61.25



04052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3190025	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

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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 C.R. Connolly DATE 4-19-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

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

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: Heather H. St. John

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-23-07 904.910.9085  
Date Daytime Phone #