2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #762378

1. Entity Name



FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90043 029 ****61.25

SEASPRA	AY PROPERTY OWNERS	ASSOCIATION, I	NC.					
1309 SEASPRAY LANE			Mailing Address 1311 SEASPRAY LANE SANIBEL, FL 33957 US				BIBII 2144 B144 BIBII B144	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122007 _{CI}	ng-NP	CR2E037 (12/0	5)	
City & State		City & State			4. FEI Number 59-279657	5		Applied For Not Applicable
Zíp	Country	Zip	Country		5. Certificate of St	atus Desired	□ \$8.75 Fee Req	Additional uired
	6. Name and Address of Current	Registered Agent	Nam	ne .	7. Name and Add	ress of New Ro	egistered Agent	
	JR., DAVID W.				B.O. Roy Number is	Not Acceptable	١	
1309 SEASPRAY LANE SANIBEL, FL 33957			Street Address		P.O. Box Number is	NOT Acceptable	,	
			City			, ,	y− ∎ Zip (Code
R The above	named entity submits this statement for	or the number of chang			red agent or both in	the State of Flo	FL	
	tions of registered agent.	or the purpose of onling	ng na regionale e a como	or regioner	eo agent, or bout, an	the state of the	rica: Tarrica in a	mir, and accept
SIGNATURE .								
	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE: Registered Agent a	ignáture réquiréd	when reinstating)		DATE	
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	Filing Fee is \$61.25 Due by May 1, 2007	· · · · · · · · · · · · · · · · · · ·	n Campaign Financin and Contribution.	ng 🗆	\$5.00 May Be Added to Fees	1	ake check payab ida Department o	
10.	Due by May 1, 2007 OFFICERS AND DI	Trust F	und Contribution.			Flori	ida Department o	f State S IN 10
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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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239.472.0670

Davime Phone #