

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90028 042 ****61.25

DOCUMENT # 762378

1. Entity Name
SEASPRAY PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**1309 SEASPRAY LANE
SANIBEL, FL 33957 US**

Mailing Address
**1311 SEASPRAY LANE
SANIBEL, FL 33957 US**



07182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2796575

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATHEY JR., DAVID W.
1309 SEASPRAY LANE
SANIBEL, FL 33957**

**DO NOT WRITE
IN THIS SPACE**

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 *Katherine J. Tucker* **KATHERINE J. TUCKER**

7.17.2008

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 September 12, 2008**

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
**PD
MATHEY, DAVID W. JR.
1309 SEASPRAY LANE
SANIBEL, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BARNES, JEAN G
1320 SEASPRAY LANE
SANIBEL, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HOLWAY, RICHARD
1314 SEASPRAY LANE
SANIBEL, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
TUCKER, KATHY
1311 SEASPRAY LANE
SANIBEL, FL 33957**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCHALE, JAMES T
1329 SEASPRAY LANE
SANIBEL, FL 33957**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: *Katherine J. Tucker* **KATHERINE J. TUCKER**

7.17.2008

Dave Mathey
239-466-2616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #