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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770150** **(1)**

1. Corporation Name

SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
NC. % 16287 PERDIDO KEY DR. PENSACOLA FL 32507	NC. % 16287 PERDIDO KEY DR. PENSACOLA FL 32507

3. Date Incorporated or Qualified: **09/06/1983**
3a. Date of Last Report: **01/29/1996**

2. Principal Place of Business — 21:
Suite, Apt #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2400805** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHWARTZ, S.O.
SEASPRAY #801
16287 PERDIDO KEY DR
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name: A.T. TAMPARY
82 Street Address (P.O. Box Number is Not Acceptable): 16285 PERDIDO KEY DR. #1025
83:
84 City: PENSACOLA FL 85 Zip Code: 32507

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0505, Florida Statutes.

SIGNATURE: _____ A.T. TAMPARY, PRESIDENT FEB 17, 1997
Signature required of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	P D	☐ Change ☑ Addition
NAME	WELDEN, JANE B		1.2 NAME	TAMPARY, A.T.	
STREET ADDRESS	904-16287 PERDIDO KEY DR		1.3 STREET ADDRESS	16285 PERDIDO KEY DR. #1025	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	T	☑ DELETE	2.1 TITLE	T D	☐ Change ☑ Addition
NAME	VICKERY, WAYNE		2.2 NAME	FORCHILLI, SHIRLEY	
STREET ADDRESS	822-16285 PERDIDO KEY DR		2.3 STREET ADDRESS	4960 CATALINA CIRCLE	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	PD	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	SCHARTZ, S.O.		3.2 NAME	RUSS, WILLIAM	
STREET ADDRESS	16287 PERDIDO KEY DR #801		3.3 STREET ADDRESS	9600 ROBIN LANE	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	BATON ROUGE, LA 70123	
TITLE	VD	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	WYATT, JACK M.		4.2 NAME	FROST, L. RUTH	
STREET ADDRESS	3 POYDRAS ST. STE 4A		4.3 STREET ADDRESS	1906 CHIPPENDALE DR. S.E.	
CITY-ST-ZIP	NEW ORLEANS LA		4.4 CITY-ST-ZIP	HUNTSVILLE, AL 35801	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEIB, JAMES M.		5.2 NAME		
STREET ADDRESS	16285 PERDIDO KEY DR #1021		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TARWATER, JAMES G		6.2 NAME		
STREET ADDRESS	315-16284 PERDIDO KEY DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED A.T. TAMPARY, PRESIDENT 2/17/97 (904) 492-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number