FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Feb 03 1998 8:00am
Secretary of State

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: 09/08/1983

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TAMPARY, A.T.
16285 PERIDO KEY DR
#1025
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☒ DELETE	1.1 TITLE	S/D	☐ Change ☒ Addition
NAME	~~WELDEN, JANE B~~		1.2 NAME	RONA WALLING	
STREET ADDRESS	~~904-16287 PERDIDO KEY DR~~		1.3 STREET ADDRESS	714 CAPT. O'NEAL DR	
CITY-ST-ZIP	~~PENSACOLA FL~~		1.4 CITY-ST-ZIP	DAPHNE, AL 36526	
TITLE	PD	☐ DELETE	2.1 TITLE	D V.P.	☐ Change ☒ Addition
NAME	TAMPARY, A.T.		2.2 NAME	WHITTLE, J. CLAY	
STREET ADDRESS	16285 PERDIDO KEY DR #1025		2.3 STREET ADDRESS	2870 ARAWATA LN.	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	MEMPHIS, TN 38111	
TITLE	TD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	FORCHILLI SHIRLEY		3.2 NAME	BAILEY, RONALD D. N/A	
STREET ADDRESS	4960 CATALINA CIR		3.3 STREET ADDRESS	P.O. BOX 3261	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	PENSACOLA, FL 32516	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUSS, WILLIAM		4.2 NAME		
STREET ADDRESS	9600 ROBIN LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA		4.4 CITY-ST-ZIP		
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 (10/97)

14. I 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 1/19/98 (850) 492-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #