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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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Mar 02, 1999 8:00 am
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DOCUMENT # 770150

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/08/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2400805 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	SD	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	WALLING, RONA		1.2 NAME	SMITH, HARRY	
STREET ADDRESS	714 CAPT. O'NEAL DRIVE		1.3 STREET ADDRESS	6658 MILLSTONE AVE.	
CITY-ST-ZIP	DAPHNE AL 36526		1.4 CITY-ST-ZIP	BATON ROUGE, LA 70808	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	TAMPARAY, A.T.		2.2 NAME	BEVALAQUE, DOMINIC	
STREET ADDRESS	16285 PERDIDO KEY DR #1025		2.3 STREET ADDRESS	4227 N. HONEYSUCKLE LANE	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	JACKSON, MS 39211	
TITLE	TD	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FORCHILLI, SHIRLEY		3.2 NAME		
STREET ADDRESS	4960 CATALINA CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
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	DVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITTLE, J. CLAY		5.2 NAME		
STREET ADDRESS	2870 ARAWATA LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38111		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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/20/99 (800)336-7263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #