2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am *DOCUMENT # 770150 **Secretary of State** 1. Entity Name 03-05-2001 90292 026 ****61.25 SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address % 16287 PERDIDO KEY DR. % 16287 PERDIDO KEY DR. 816346 PENSACOLA FL 32507 PENSACOLA FL 32507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2400805 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TAMPARY, A.T. 16285 PERIDO KEY DR #1025 City Zip Code PENSACOLA FL 32507 FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DT CR2E037 (10/00) TITLE ☐ Delete TITLE JAMES D. WILSON ☐ Change Addition SMITH, HARRY NAME NAME 226 WoodCREST DR. STREET ADDRESS 6658 MILLSTONE AVE. STREET ADDRESS FLORENCE. AL 35630 CHTY-ST-ZIP **BATON ROUGE LA 70808** CITY-ST-ZIF Delete TITLE ☐ Change Addition TITLE AMES G. TARWATER 284 PERDIDO KEY DR BEVALAQUE, DOMINIC NAME NAME 4227 N HONEYSUCKLE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32507 CITY-ST-7IP JACKSON MS 39211 Delete TITLE ☐ Change Addition TITLE JAMES T. HOWELL RUSS, WILLIAM NAME NAME 116 FAIRLEY HALL CT. 9600 ROBIN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BATON ROUGE LA** 30092 DAB 15 ☐ Delete Change **Addition** TITLE TITLE GORDON, BETH NAME NAME STREET ADDRESS o. Box 4293 16285 PERDIDO KEY DR # 322 STREET ADDRESS AUREL, MS 39441 CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32507 DPP Addition ☐ Delete TITLE Change GEORGE SELLERS 501 BETTY CIRC TAMPARY, A.T. NAME NAME 16285 PERDIDO KEY DR # 1025 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32507 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME BRODY, JEAN NAME STREET ADDRESS 1729 FLANGAN STATION RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINCHESTER KY 40391

12. Thereby 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 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 this empowered.

JAMES G. THRWHTER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.01.01

850. 492. 2200

Daytime Phone #

FILED