

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770150

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2400805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME SMITH, HARRY
STREET ADDRESS 6658 MILLSTONE AVE.
CITY-ST-ZIP BATON ROUGE LA 70808 ☐ Delete

TITLE D
NAME HOWELL, JAMES T.
STREET ADDRESS 5716 FAIRLEY HALL CT.
CITY-ST-ZIP NORCROSS, GA 30092 ☐ Change ☒ Addition

TITLE DVP
NAME WILSON, JAMES D
STREET ADDRESS 226 WOODCREST DRIVE
CITY-ST-ZIP FLORENCE AL 35630 ☐ Delete

TITLE D
NAME MULLOY, P.E.
STREET ADDRESS P.O. Box 4293
CITY-ST-ZIP LAUREL, MS 39441 ☐ Change ☒ Addition

TITLE DS
NAME TARWATER, JAMES G
STREET ADDRESS 16284 PERDIDO KEY DRIVE #315
CITY-ST-ZIP PENSACOLA FL 32507 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP
NAME GORDON, BETH
STREET ADDRESS 16285 PERDIDO KEY DR # 322
CITY-ST-ZIP PENSACOLA FL 32507 ☐ Delete

TITLE DP
NAME GORDON, BETH
STREET ADDRESS 32254 RIVER ROAD
CITY-ST-ZIP ORANGE BEACH, FL 36561 ☒ Change ☐ Addition

TITLE DP
NAME TAMPARY, A.T.
STREET ADDRESS 16285 PERDIDO KEY DR # 1025
CITY-ST-ZIP PENSACOLA FL 32507 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SELLERS, GEORGE
STREET ADDRESS 501 BETTY CIRCLE
CITY-ST-ZIP QUITMAN MS 39355 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90252 015 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)