

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90013 044 ****61.25

DOCUMENT # 770150

1. Entity Name

SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC.



Principal Place of Business

NC.
% 16287 PERDIDO KEY DR.
PENSACOLA FL 32507

Mailing Address

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



MOORE

CR2E037 (4/04)

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DS ☐ Change ☒ Addition
NAME Rona Walling
STREET ADDRESS 16287 Perdido Key DR
CITY-ST-ZIP Pensacola FL 32507

TITLE DVP ☐ Delete
NAME MULLOY, P. E.
STREET ADDRESS P.O. BOX 4293
CITY-ST-ZIP LAUREL MS 39441

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

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

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

TITLE D ☐ Delete
NAME FORAHILLI, ROBERT D
STREET ADDRESS 16287 PERDIDO KEY DR. #706
CITY-ST-ZIP PERDIDO KEY FL 32507

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

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

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

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

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

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

8/18/04

Date

850.492.2200

Daytime Phone #