2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 05, 2005 8:00 am
Secretary of State
07-05-2005 90112 017 ****61.25

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

1st MOORE CR2E037 (10/04)

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

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

7. Name and Address of New Registered Agent

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 May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TAMPARY, A. T. 16285 PERDIDO KEY DR. #1025 PERDIDO KEY FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Johnson, Robert F 16284 Perdido Key Dr #412 Pensacola FL 32507	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MULLOY, P. E. P.O. BOX 4293 LAUREL MS 39441	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Walling Rona 16287 Perdido Key Dr #206 Pensacola FL 32507	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TARWATER, JAMES G 16284 PERDIDO KEY DRIVE #315 PENSACOLA FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'Neil, Marshall PO Box 36744 Birmingham, AL 35236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORAHILLI, ROBERT D (c) 16287 PERDIDO KEY DR. #706 PERDIDO KEY FL 32507	☐ Delete →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Forchilli, Robert D 16287 Perdido Key Dr #706 Pensacola FL 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWELL, JAMES T 5716 FAIRLEY HALL CT NORCROSS GA 30092	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fleshman, Jane 2201 Calhoun Street New Orleans LA 70118	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SELLERS, GEORGE 501 BETTY CIRCLE QUITMAN MS 39355	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Moore, Ronald 5192 Choctaw Ave Pensacola FL 32507	☐ 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: A.T. TAMPARY PRESIDENT — 850 982-1393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #