2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State
05-08-2006 90279 026 ****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 (10/05)

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP JOHNSON, ROBERT F 16284 PERDIDO KEY DR, # 42 PENSACOLA FL 32507	☒ Delete	DVP Ronald Moore 5174 Pale Moon Dr Pensacola FL 32507	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WALLING, RONA 16287 PERDIDO KEY DR, # 206 PENSACOLA FL 32507	☐ Delete	D Joseph Douglas P.O. Box 648067 Pike Rd AL 36064	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORCHILLI, ROBERT D 16287 PERDIDO KEY DR. #706 PERDIDO KEY FL 32507	☒ Delete	D Gerald Brett 8868 Eatonwick Fairway Cordova TN 38018	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT O'NEIL, MARSHALL P.O. BOX 36144 BIRMINGHAM AL 35236	☐ Delete	D Jo Tarwater 905 Merlin Court Pensacola FL 32506	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLESHMAN, JANE 2201 CALHOUN STREET NEW ORLEANS LA 70118	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ 4.21.06 850.492.2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #