

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90036 020 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

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, 2007**

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

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

TITLE ☐ Delete
NAME MOORE, RONALD
STREET ADDRESS 5174 PALE MOON DR
CITY - ST - ZIP PENSACOLA FL 32507

TITLE ☒ Delete
NAME WALLING, RONA
STREET ADDRESS 16287 PERDIDO KEY DR, # 206
CITY - ST - ZIP PENSACOLA FL 32507

TITLE ☐ Delete
NAME BRETT, GERALD
STREET ADDRESS 8868 EATONWICK FAIRWAY
CITY - ST - ZIP CORDOVA TN 38018

TITLE ☐ Delete
NAME O'NEIL, MARSHALL
STREET ADDRESS P.O. BOX 36144
CITY - ST - ZIP BIRMINGHAM AL 35236

TITLE ☐ Delete
NAME FLESHMAN, JANE
STREET ADDRESS 2201 CALHOUN STREET
CITY - ST - ZIP NEW ORLEANS LA 70118

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME D Secretary
STREET ADDRESS Douglass, Joseph
CITY - ST - ZIP P.O. Box 64 6067
Pike Rd., AL 36064

TITLE ☐ Change ☒ Addition
NAME D Howell, James
STREET ADDRESS 5716 Fairley Hall Ct.
CITY - ST - ZIP Norcross GA 30092

TITLE ☐ Change ☒ Addition
NAME D Tarwater, Jo Alice
STREET ADDRESS 16284 Perdido Key Dr #315
CITY - ST - ZIP Pensacola, FL 32507

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

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

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 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: *Ronald Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Moore Pres. 4.18.07 850.492.2200

Date

Daytime Phone #