

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770150

FILED
Apr 22, 2009
Secretary of State

Entity Name: SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

NC.
% 16287 PERDIDO KEY DR.
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

NC.
% 16287 PERDIDO KEY DR.
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-2400805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JOHNSON, ROBERT F PRES
Address: 16284 PERDIDO KEY DR. #412
City-St-Zip: PENSACOLA, FL 32507

Title: DVP () Delete
Name: LANKHEIT, DANIEL VPRES
Address: 16284 PERDIDO KEY DR. #611
City-St-Zip: PENSACOLA, FL 32507

Title: DS () Delete
Name: DOUGLASS, JOSEPH SEC
Address: P. O. BOX 640067
City-St-Zip: PIKE ROAD, AL 36064

Title: DT () Delete
Name: SMITH, HARRY TREAS
Address: 16284 PERDIDO KEY DR. #211
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: HOWELL, JAMES DIR
Address: 5716 FAIRLEY HALL CT
City-St-Zip: NORCROSS, GA 30092

Title: D () Delete
Name: BROWN, KENNETH DIR
Address: 5127 CHANDELLE DR
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT F JOHNSON

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date