

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90240 045 ****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



☐ CHECK HERE IF MAKING CHANGES

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

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	D	☒ Delete
NAME	SMITH, HARRY	
STREET ADDRESS	6658 MILLSTONE AVE.	
CITY-ST-ZIP	BATON ROUGE LA 70808	
TITLE	DVP	☒ Delete
NAME	WILSON, JAMES D	
STREET ADDRESS	226 WOODCREST DRIVE	
CITY-ST-ZIP	FLORENCE AL 35630	
TITLE	DS	☐ Delete
NAME	TARWATER, JAMES G	
STREET ADDRESS	16284 PERDIDO KEY DRIVE #315	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	DP	☒ Delete
NAME	GORDON, BETH	
STREET ADDRESS	32254 RIVER ROAD	
CITY-ST-ZIP	ORANGE BEACH AL 36561	
TITLE	D	☐ Delete
NAME	HOWELL, JAMES T	
STREET ADDRESS	5716 FAIRLEY HALL CT	
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE	D	☐ Delete
NAME	SELLERS, GEORGE	
STREET ADDRESS	501 BETTY CIRCLE	
CITY-ST-ZIP	QUITMAN MS 39355	

TITLE	DP	☐ Change ☒ Addition
NAME	Tampary, A.T.	
STREET ADDRESS	16285 Perdido Key Dr #1025	
CITY-ST-ZIP	Perdido Key, FL 32507	
TITLE	DVP	☐ Change ☒ Addition
NAME	Mulloy, P.E.	
STREET ADDRESS	P.O. Box 4293	
CITY-ST-ZIP	Laurel, MS 39441	
TITLE	D	☐ Change ☒ Addition
NAME	Forchilli, 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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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 life empowered.

SIGNATURE:

JAMES G. TARWATER, Director/Secretary 2.05.03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR