2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N05000011477



FILED Mar 28, 2006 8:00 am Secretary of State 03-28-2006 90126 022 ****61.25

1. Entity Name SEA SPRAY TOWNHOMES CONDOMINIUM ASSOCIATION, INC.									05-20-2	000 2	0120	, 22	01.2	
5604 N. ATLANTIC AVENUE 5			5604	Mailing Address 5604 N. ATLANTIC AVENUE COCOA BEACH, FL 32931				20021805						
6500 N. Atlantic Ave				3. Mailing Address 6500 N. Atlantic Ave.										
Suite, Apt. #, etc.			Sta	Suite, Apt. #, etc.				03222006	Chg-NP		CR2E0	37 (11/0)5)	
Cape Canaveral				Cape Canaveral				4. FEI Numb	er			×	+	lied For Applicable
3291	<i>90</i>	Country USA	Zip			intry		5. Certificate	e of Status Desi	red		\$8.75 Fee Rec	Addition	onal
	6. Name	and Address of Current				Name		7. Name an	d Address of N	lew Re	gistered	Agent		
PICKLES, TIMOTHY F ESQ. 3490 NORTH U.S. HIGHWAY 1							ddress (P	O Box Numb	per is Not Accep	ntable)				
COCOA, F										-				
						City		<u> </u>			FL	Zip (Code	
8. The above	named entit	y submits this statement fo	or the purpe	ose of changing it	s register	l ed office or	registere	ed agent, or bo	oth, in the State	of Flori		_	vith, an	nd accept
SIGNATURE .														
	Signature, typed	or printed name of registered agent	and tille if app	licable. (NO	TE Registere	d Agent signatu	it e téd nited à	when reinstaling)_			DATE			
	Filing Fe	or printed name of registered agent e is \$61.25 flay 1, 2006	and title if appl	9. Election Ca Trust Fund	ımpaign F	inancing		\$5.00 May	Be		ke chec	k payab		te
10.	Filing Fe Due by N	e is \$61.25		9. Election Ca Trust Fund	mpaign F Contribut	inancing ion.	☐ ,	\$5.00 May Added to Fee	Be	Florid	ke chec la Depa	k payab rtment o	S IN 10	0
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 organ attachment with an address, with/all other like empowered.

SIGNATURE: