

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90126 022 ****61.25

DOCUMENT # N05000011477

1. Entity Name
**SEA SPRAY TOWNHOMES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**5604 N. ATLANTIC AVENUE
COCOA BEACH, FL 32931**

Mailing Address
**5604 N. ATLANTIC AVENUE
COCOA BEACH, FL 32931**

20021805



03222006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

6500 N. Atlantic Ave.
Suite, Apt. #, etc.
Ste. C

3. Mailing Address

6500 N. Atlantic Ave.
Suite, Apt. #, etc.
Ste. C

City & State

Cape Canaveral

City & State

Cape Canaveral

Zip

32920

Country

USA

Zip

32920

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PICKLES, TIMOTHY F ESQ.
3490 NORTH U.S. HIGHWAY 1
COCOA, FL 32926**

7. Name and Address of New Registered Agent

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

**Filing 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

TITLE **PD** Delete
NAME **GREENE, MARTIN**
STREET ADDRESS **5604 N. ATLANTIC AVENUE**
CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE **VD** Delete
NAME **GREENE, JANICE**
STREET ADDRESS **5604 N. ATLANTIC AVENUE**
CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE **SD** Delete
NAME **GIBSON, WILLIAM**
STREET ADDRESS **5604 N. ATLANTIC AVENUE**
CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **GREENE, MARTIN**
STREET ADDRESS **6500 N. Atlantic Ave, Ste. C**
CITY-ST-ZIP **Cape Canaveral, FL 32920**

TITLE **VD** ☒ Change ☐ Addition
NAME **GREENE, JANICE**
STREET ADDRESS **6500 N. Atlantic Ave., Ste. C**
CITY-ST-ZIP **Cape Canaveral, FL 32920**

TITLE **SD** ☒ Change ☐ Addition
NAME **Gibson, William**
STREET ADDRESS **6500 N. Atlantic Ave., Ste. C**
CITY-ST-ZIP **Cape Canaveral, FL 32920**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/22/06 (321)
799-0799**