


FILED
Jan 07, 2008 08:00 AM
Secretary of State

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000011477		
1. Entity Name SEA SPRAY TOWNHOMES CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 6500 NORTH ATLANTIC AVE SUITE C CAPE CANAVERAL, FL 32920		Mailing Address 6500 NORTH ATLANTIC AVE SUITE C CAPE CANAVERAL, FL 32920
DO NOT WRITE IN THIS SPACE		
		01042008 No Chg-NP CR2E037 (4/06)
		4. FEI Number NOT APPLICABLE Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$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		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000775336 01/08/08-80026-004 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GREENE, MARTIN 6500 NORTH ATLANTIC AVE SUITE C CAPE CANAVERAL, FL 32920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO GREENE, JANICE 6500 NORTH ATLANTIC AVE SUITE C CAPE CANAVERAL, FL 32920	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		