# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 28, 2009**
**Secretary of State**

DOCUMENT# N05000011477

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

**Current Principal Place of Business:**

6500 NORTH ATLANTIC AVE
SUITE C
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

6500 NORTH ATLANTIC AVE
SUITE C
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GREENE, JANICE
6500 N ATLANTIC AVE
STE C
CAPE CANAVERAL, FL 32920 US

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: JANICE GREENE 08/28/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: GREENE, MARTIN
Address: 6500 NORTH ATLANTIC AVE SUITE C
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VD (X) Delete
Name: GREENE, JANICE
Address: 6500 NORTH ATLANTIC AVE SUIET C
City-St-Zip: CAPE CANAVERAL, FL 32920

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: GREENE, JANICE
Address: 6500 NORTH ATLANTIC AVE SUITE C
City-St-Zip: CAPE CANAVERAL, FL 32920

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: JANICE GREENE D 08/28/2009
Electronic Signature of Signing Officer or Director Date