2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 01, 2004 8:00 am Secretary of State **DOCUMENT # N28845** 03-01-2004 90056 035 ****61.25 SEASPRAY RECREATION ASSOCIATION, INC. Principal Place of Business Mailing Address **JZUHUUU** 9600 S. OCEAN DRIVE P.O. BOX 65 JENSEN BEACH, FL 34957 JENSEN BEACH, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 01122004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2919891 Applied For Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORTE, LORRAINE H % ADVANTAGE PROPERTY MGMT. Street Address (P.O. Box Number is Not Acceptable) 1274 N.E. BUSINESS PARK PLACE JENSEN BEACH, FL 34957 City 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 Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Added to Fees Due by May 1, 2004 Trust Fund Contribution. Floride Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ☐ Addition **BRION, JACQUES** NAME NAME 1860 N. CONGRESS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP VD TITLE Delete ☐ Change Addition TITLE HANEY, Charles **CHARLES, SHELTON** NAME NAME STREET ADDRESS 9600 S OCEAN DR #205 STREET ADDRESS JENSEN BEACH, FL 34957 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Change TITLE Delete TITLE Addition DRIVER, ALAN NAME NAME STREET ADDRESS 9600 S. OCEAN DR., #1102 STREET ADDRESS CTTY-ST-ZIP. JENSEN BEACH, FL-34957 CITY-ST-ZIP THE Addition ☐ Delete THE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP 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 withyan address, withyall other like empowered.

FILED