



**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

[REDACTED]

<b>DOCUMENT # N28845</b>						03-23-2006 90010 047 ****61.25	
<b>1. Entity Name</b> SEASPRAY RECREATION ASSOCIATION, INC.							
<b>Principal Place of Business</b> 9600 S. OCEAN DRIVE JENSEN BEACH, FL 34957			<b>Mailing Address</b> 1111 SE FEDERAL HWY, STE 100 STUART, FL 34994				
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02212006 Chg-NP CR2E037 (11/05)	
City & State			City & State			<b>4. FEI Number</b> 59-2919891	
Zip			Country			<b>Applied For</b> Not Applicable	
Zip			Country			<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
FORTE, LORRAINE H 1111 SE FEDERAL HWY, STE 100 STUART, FL 34994				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> Zip Code			
<b>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.</b>							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE		PD <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		BRION, JACQUES		NAME			
STREET ADDRESS		1860 N. CONGRESS AVE.		STREET ADDRESS			
CITY-ST-ZIP		WEST PALM BEACH, FL 33401		CITY-ST-ZIP			
TITLE		SD <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		WILLIAMS, BRUCE		NAME			
STREET ADDRESS		9600 S OCEAN DR, #1108		STREET ADDRESS			
CITY-ST-ZIP		JENSEN BEACH, FL 34957		CITY-ST-ZIP			
TITLE		D <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		CASEY, WILLIAM		NAME			
STREET ADDRESS		9600 S OCEAN DR # 908		STREET ADDRESS			
CITY-ST-ZIP		JENSEN BEACH, FL 34957		CITY-ST-ZIP			
TITLE		D <input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		JOHNSON, STEED		NAME		Schweider, LD	
STREET ADDRESS		9600 S OCEAN DR # 102		STREET ADDRESS		9600 S. OCEAN Dr. # 309	
CITY-ST-ZIP		JENSEN BEACH, FL 34957		CITY-ST-ZIP		Jensen Beach, FL 34957	
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
<b>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.</b>							
SIGNATURE: <i>William N. Casey</i>				Date: <i>3-17-06</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			