

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2007 8:00 am
Secretary of State

06-27-2007 90001 026 ****70.00

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1. Entity Name
SEASPRAY HOMEOWNERS ASSOCIATION OF DESTIN, INC.

Principal Place of Business
**165 LEEWARD DR
DESTIN, FL 32550**

Mailing Address
**PO BOX 6516
DESTIN, FL 32550-1005**

40121343



2. Principal Place of Business - No P.O. Box #

170 Leeward Dr,

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

06122007

Chg-NP

CR2E037 (12/06)

City & State

Miramar Beach FL.

City & State

4. FEI Number

59-3711813

Applied For

Not Applicable

Zip

32550

Country

WALTON

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, JACQUELINE M
165 LEEWARD DR.
DESTIN, FL 32550**

7. Name and Address of New Registered Agent

Name **JOHN BATEMAN**

Street Address (P.O. Box Number is Not Acceptable)
170 LEEWARD DR.

City

MIRAMAR BEACH

FL

Zip Code

32550

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 September 14, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
THOMAS, EDWIN ☒ Delete
165 LEEWARD DR
MIRAMAR BEACH, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WEBSTER, JAIMIE ☐ Delete
19 WHITECAP WAY
DESTIN, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BATEMAN, JOHN ☐ Delete
170 LEEWARD DR
MIRAMAR BEACH, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
THOMPSON, DAVID ☒ Delete
150 LEEWARD DR
MIRAMAR BEACH, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
COURNOW, THOMAS ☐ Delete
140 LEEWARD DR
MIRAMAR BEACH, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JOHN BATEMAN ☒ Change ☐ Addition
170 Leeward Dr,
MIRAMAR BEACH, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
vpd
DR. MARK BROWN ☐ Change ☒ Addition
148 WINDRIFT DR.
MIRAMAR BEACH, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
THOMAS COURNOW ☒ Change ☐ Addition
140 LEEWARD DR.
MIRAMAR BEACH, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHARLES NICHOLS ☐ Change ☒ Addition
126 WINDRIFT DR.
MIRAMAR BEACH, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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. **John F. Bateman**

SIGNATURE:

John F. Bateman

6/23/07

850-214-1712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #