

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90096 029 ****70.00

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



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

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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3711813

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Bateman, John**
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 *John Bateman*
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 May 1, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	BATEMAN, JOHN	
STREET ADDRESS	170 LEEWARD DR	
CITY - ST - ZIP	MIRAMAR BEACH, FL 32550	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEBSTER, JAIMIE	
STREET ADDRESS	19 WHITECAP WAY	
CITY - ST - ZIP	DESTIN, FL 32550	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATEMAN, JOHN	
STREET ADDRESS	170 LEEWARD DR	
CITY - ST - ZIP	MIRAMAR BEACH, FL 32550	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COURNOW, THOMAS	
STREET ADDRESS	150 LEEWARD DR	
CITY - ST - ZIP	MIRAMAR BEACH, FL 32550	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BROWN, MARK DR.	
STREET ADDRESS	148 WINDRIFT DR.	
CITY - ST - ZIP	MIRAMAR BEACH, FL 32550	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas Cournow
Thomas C. Cournow Sec

1/14/08 (850) 837-0836