

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006017

FILED
Jan 12, 2009
Secretary of State

Entity Name: SEASPRAY HOMEOWNERS ASSOCIATION OF DESTIN, INC.

Current Principal Place of Business:

170 LEEWARD DR
DESTIN, FL 32550

New Principal Place of Business:

170 LEEWARD DR
MIRAMAR BEACH, FL 32550

Current Mailing Address:

PO BOX 6516
DESTIN, FL 325501005

New Mailing Address:

PO BOX 6516
MIRAMAR BEACH, FL 325501005

FEI Number: 59-3711813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BATAMAN, JOHN
170 KEEWARD DR
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

BATAMAN, JOHN
170 LEEWARD DR
MIRAMAR BEACH, FL 32550 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:

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BATEMAN, JOHN
Address: 170 LEEWARD DR
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: SD () Delete
Name: WEBSTER, JAIMIE
Address: 19 WHITECAP WAY
City-St-Zip: DESTIN, FL 32550

Title: D () Delete
Name: BATEMAN, JOHN
Address: 170 LEEWARD DR
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: TD () Delete
Name: COUNOW, THOMAS
Address: 150 LEEWARD DR
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: VPD () Delete
Name: BROWN, MARK DR.
Address: 148 WINDRIFT DR.
City-St-Zip: MIRAMAR BEACH, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WEBSTER, JAIMIE
Address: 19 WHITECAP WAY
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: COUNOW, THOMAS
Address: 140 LEEWARD DR
City-St-Zip: MIRAMAR BEACH, FL 32550

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: THOMAS COUNOW

TD

01/12/2009

Electronic Signature of Signing Officer or Director

Date