2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2025
Secretary of State
7252487758CC

DOCUMENT# 770150

Entity Name: SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC.
16287 PERDIDO KEY DRIVE 106
PENSACOLA, FL 32507

Current Mailing Address:

SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC.
16287 PERDIDO KEY DRIVE 106
PENSACOLA, FL 32507 US

FEI Number: 59-2400805

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLANKENSHIP, SUZANNE
EMMANUAL SHEPPARD & CONDON
30 S.SPRING ST.
PENSACOLA, FL 32502 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: SUZANNE BLANKENSHIP 02/18/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR	Title	VP
Name	MELVIN, LAURIE J	Name	JACKSON, MARY
Address	SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC. 16287 PERDIDO KEY DRIVE 106	Address	SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC. 16287 PERDIDO KEY DRIVE 106
City-State-Zip:	PENSACOLA FL 32507	City-State-Zip:	PENSACOLA FL 32507
Title	SECRETARY, DIRECTOR	Title	TREASURER
Name	JOHNSON, RAIFORD	Name	HESS, LUCILLE A
Address	SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC. 16287 PERDIDO KEY DRIVE 106	Address	SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC. 16287 PERDIDO KEY DRIVE 106
City-State-Zip:	PENSACOLA FL 32507	City-State-Zip:	PENSACOLA FL 32507
Title	DIRECTOR	Title	DIRECTOR
Name	MCGEE, SEAN	Name	JAVAN, BOB
Address	SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC. 16287 PERDIDO KEY DRIVE 106	Address	SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC. 16287 PERDIDO KEY DRIVE 106
City-State-Zip:	PENSACOLA FL 32507	City-State-Zip:	PENSACOLA FL 32507

I hereby 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 all other like empowered.

SIGNATURE: LAURIE MELVIN PRESIDENT 02/18/2025

Electronic Signature of Signing Officer/Director Detail — Date