

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770150

Entity Name: SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**16287 PERDIDO KEY DR
106
PENSACOLA, FL 32507**Current Mailing Address:**16287 PERDIDO KEY DR
106
PENSACOLA, FL 32507**FEI Number:** 59-2400805**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
BECKER & POLIAKOFF, P.A.
348 MIRACLE STRIP PARKWAY SW STE 7
FORT WALTON BEACH, FL 32548 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:** JAY ROBERTS

05/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name HANSON, LEE
Address 16287 PERDIDO KEY DR
106
City-State-Zip: PENSACOLA FL 32507

Title VPD
Name LANKHEIT, DAN
Address 16287 PERDIDO KEY DR
106
City-State-Zip: PENSACOLA FL 32507

Title TD
Name HESS, LUCILLE
Address 16287 PERDIDO KEY DR
106
City-State-Zip: PENSACOLA FL 32507

Title D
Name HOFER, KEVIN
Address 16287 PERDIDO KEY DR
106
City-State-Zip: PENSACOLA FL 32507

Title D
Name RATLIFF, RODNEY
Address 16287 PERDIDO KEY DR
106
City-State-Zip: PENSACOLA FL 32507

Title SD
Name TAMPARY, DOROTHY
Address 16287 PERDIDO KEY DR
106
City-State-Zip: PENSACOLA FL 32507

Title D
Name KAMM, LAWRENCE
Address 16287 PERDIDO KEY DR
106
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: LEE HANSON

PD

05/20/2020

Electronic Signature of Signing Officer/Director Detail

Date