

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:**

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

03/30/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name JACKSON, MARY B.
Address SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC.
16287 PERDIDO KEY DRIVE 106
City-State-Zip: PENSACOLA FL 32507

Title VP, DIRECTOR
Name HEARD, KEVIN
Address SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC.
16287 PERDIDO KEY DRIVE 106
City-State-Zip: PENSACOLA FL 32507

Title SECRETARY, DIRECTOR
Name TAMPARY, DOROTHY
Address SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC.
16287 PERDIDO KEY DRIVE 106
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name HOFER, KEVIN
Address SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC.
16287 PERDIDO KEY DRIVE 106
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name WOOD, DEBRA
Address SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC.
16287 PERDIDO KEY DRIVE 106
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name ANDERSON, SUZANNE
Address SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC.
16287 PERDIDO KEY DRIVE 106
City-State-Zip: PENSACOLA FL 32507

Title TREASURER, DIRECTOR
Name KAMM, LARRY
Address SEASPRAY PERDIDO KEY OWNERS ASSOCIATION, INC.
16287 PERDIDO KEY DRIVE 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: MARY JACKSON

PRESIDENT

03/30/2022

