

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 741405	
1. Entity Name SEA DUNES SAND DOLLAR ASSOCIATION, INC.	

Principal Place of Business 4305 S. ATLANTIC AVE. NEW SMYRNA BEACH FL 32169	Mailing Address 4305 S. ATLANTIC AVE. NEW SMYRNA BEACH FL 32169
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-1802541 ☐ Applied For ☒ Not Applied

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

6. Name and Address of Current Registered Agent

FRANZKE, GEORGE A
4305 S ATLANTIC AVE C9
NEW SMYRNA BEACH FL 32169

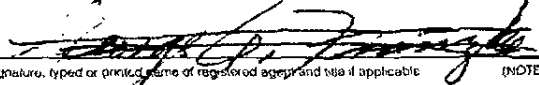
7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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  (NOTE: Registered Agent signature required when constituting) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	SD	☐ Delete
NAME	BOYLE, R W	
STREET ADDRESS	4305 S ATLANTIC AVE	
CITY - ST - ZIP	NEW SMYRNA BCH, FL 00000	
TITLE	VD	☐ Delete
NAME	ERNETTE, DALE J	
STREET ADDRESS	4305 S ATLANTIC AVE A-1	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	PD	☐ Delete
NAME	FRANZKE, GEORGE A	
STREET ADDRESS	4305 S ATLANTIC AVE, C9	
CITY - ST - ZIP	NEW SMYRNA BCH, FL 00000	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ 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 Section 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.