

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90042 011 \*\*\*\*61.25

**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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1802541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BOYLE, R W	
STREET ADDRESS	4305 S ATLANTIC AVE	
CITY- ST- ZIP	NEW SMYRNA BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERNETTE, DALE J	
STREET ADDRESS	4305 S ATLANTIC AVE A-1	
CITY- ST- ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANZKE, GEORGE A	
STREET ADDRESS	4305 S ATLANTIC AVE, C9	
CITY- ST- ZIP	NEW SMYRNA BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHRIS MOELLER	
STREET ADDRESS	4305 S ATLANTIC AVE B-6	
CITY- ST- ZIP	NEW SMYRNA, FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*George A. Franzke* **GEORGE A. FRANZKE 3/1/08 3864275955**