

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 743175</b> 1. Entity Name <b>SEA DUNES STARFISH ASSOCIATION, INC.</b>					
Principal Place of Business <b>4315 S. ATLANTIC AVENUE B-6 NEW SMYRNA BEACH FL 32169</b>		Mailing Address <b>4315 S. ATLANTIC AVENUE B-6 NEW SMYRNA BEACH FL 32169</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc		3. Mailing Address  Suite, Apt #, etc			
City & State		City & State		4. FEI Number <b>59-1932273</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REILLY, SUSAN D. 4315 S. ATLANTIC AVE., #B6 NEW SMYRNA BEACH FL 32169</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW: FEE IS \$61.25 Due By September 5, 2007</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP SHEEHAN, JOHN H 3045 TIMPANA POINT LONGWOOD FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000768170 07/11/07-80004-010 61.25</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS REILLY, KATHERINE L 215 71ST ST VIRGINIA BCH FL 23451</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DOUDNEY, A C 4315 S ATLANTIC AVE #2 NEW SMYRNA BEACH FL 32169</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P REILLY, SUSAN R 4315 SOUTH ATLANTIC AVE., #B-6 NEW SMYRNA BEACH FL 32169</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <i>Susan D. Reilly</i>		<b>SUSAN D. REILLY</b>		7-8-07	386-427-8276
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	