

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

FILED

Jul 11, 2007 08:00 AM  
Secretary of State

DOCUMENT # 743175

1. Entity Name

SEA DUNES STARFISH ASSOCIATION, INC.



Principal Place of Business

4315 S. ATLANTIC AVENUE  
B-6  
NEW SMYRNA BEACH FL 32169

Mailing Address

4315 S. ATLANTIC AVENUE  
B-6  
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

4. FEI Number

59-1932273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

2nd MOORE

CR2E037 (4/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REILLY, SUSAN D.  
4315 S. ATLANTIC AVE., #B6  
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 September 5, 2007

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	DVP	<input type="checkbox"/> Delete
NAME	SHEEHAN, JOHN H	
STREET ADDRESS	3045 TIMPANA POINT	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	REILLY, KATHERINE L	
STREET ADDRESS	215 71ST ST	
CITY - ST - ZIP	VIRGINIA BCH FL 23451	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUDNEY, A C	
STREET ADDRESS	4315 S ATLANTIC AVE #2	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	P	<input type="checkbox"/> Delete
NAME	REILLY, SUSAN R	
STREET ADDRESS	4315 SOUTH ATLANTIC AVE., #B-6	
CITY - ST - ZIP	NEW SMYRNA BEACH 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		

U00000768170

07/11/07-80004-010 61.25

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.

SIGNATURE: *Susan D. Reilly* *Susan D. Reilly* 7-8-07 386-427-8276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #