2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# 743175

Entity Name: SEA DUNES STARFISH ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1932273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REILLY, SUSAN D.
4315 S. ATLANTIC AVE., #B6
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: SHEEHAN, JOHN H,
Address: 3045 TIMPANA POINT
City-St-Zip: LONGWOOD, FL

Title: DS ( ) Delete
Name: REILLY, KATHERINE L
Address: 215 71ST ST
City-St-Zip: VIRGINIA BCH, FL 23451

Title: D ( ) Delete
Name: DOUDNEY, A C,
Address: 4315 S ATLANTIC AVE #2
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: P ( ) Delete
Name: REILLY, SUSAN R
Address: 4315 SOUTH ATLANTIC AVE., #B-6
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN D REILLY PRES 01/16/2009
Electronic Signature of Signing Officer or Director — Date