

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

1995 MAR -3 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746980 (2)

1. Corporation Name
SEA DUNES GREEN TURTLE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4335 S. ATLANTIC AVENUE SUITE B-8 NEW SMYRNA BEACH FL 32169 US	4335 S. ATLANTIC AVENUE SUITE B-8 NEW SMYRNA BEACH FL 32169 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/30/1979	3a. Date of Last Report 03/21/1994
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4. FEI Number 59-2952199	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent
GRAHAM, JOHN
4335 S. ATLANTIC AVENUE
SUITE B-8
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAHAM, JOHN
STREET ADDRESS	4335 S. ATLANTIC AVENUE, B-8
CITY - ST - ZIP	NEW SMYRNA BEACH FL
TITLE	SD
NAME	NISWANDER, DAN
STREET ADDRESS	4335 S. ATLANTIC AVENUE, C-10
CITY - ST - ZIP	NEW SMYRNA BEACH FL
TITLE	SD
NAME	IUVONE, PAUL
STREET ADDRESS	4335 S. ATLANTIC AVENUE, A-2
CITY - ST - ZIP	NEW SMYRNA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	800001423638
2.3 STREET ADDRESS	-03/07/95--01150--016
2.4 CITY - ST - ZIP	***130.00 ***130.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	22A
6.3 STREET ADDRESS	3-3
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Graham 2/20/95 1-904-427-3089
 (Signature and typed or printed name of signing officer or director) (Date) (Phone Number)