

FILED
Aug 04, 2002 8:00 am
Secretary of State

07-22-2002 90159 010 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746980

1. Entity Name

SEA DUNES GREEN TURTLE ASSOCIATION, INC.

Principal Place of Business

**4335 S. ATLANTIC AVENUE
SUITE A-2
NEW SMYRNA BEACH FL 32169
US**

Mailing Address

**4335 S. ATLANTIC AVENUE
SUITE A-2
NEW SMYRNA BEACH FL 32169
US**

40499



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2952199

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAHAM, JOHN
4335 S. ATLANTIC AVENUE
SUITE B-8
NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent

Name **NISWANDER, DAN**
Street Address (P.O. Box Number is Not Acceptable) **4335 S. ATLANTIC AVE**
C-10
City **NEW SMYRNA BEACH FL** Zip Code **32169**

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

[Handwritten Signature]

7/15/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, JOHN	
STREET ADDRESS	4335 S. ATLANTIC AVENUE, B-8	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NISWANDER, DAN	
STREET ADDRESS	4335 S. ATLANTIC AVENUE, C-10	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ILVONE, PAUL	
STREET ADDRESS	4335 S. ATLANTIC AVENUE, A-2	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
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		

Do Not Delete
[Handwritten Signature]
7/21/2002

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/2002

(386) 423-8375

Date

Daytime Phone #

CR2E037 (4/02)