2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#746980

FILED Jun 05, 2004 Secretary of State

Entity Name: SEA DUNES GREEN TURTLE ASSOCIATION, INC.

Current Principal Place of Business:			ss:	New Principal Place of Business:	
35 S. AT	TLANTIC AVE	NUE			
	'RNA BEACH	l, FL 32169	US		
urrent M	lailing Addre	ess:		New Mailing Addres	ss:
	TLANTIC AVE	NUE			
-10 EW SMY	RNA BEACH	l, FL 32169	US		
El Number	: 59-2952199	FEI Numbe	er Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of	Current Reg	gistered Agent:	Name and Address	of New Registered Agent:
	TLANTIC AVE	INOL			
-10 EW SMY ne above				purpose of changing its registere	ed office or registered agent, or both,
-10 EW SMY he above the State	e named entity e of Florida.			purpose of changing its registere	ed office or registered agent, or both,
-10 EW SMY ne above the State	e named entity e of Florida. RE:	submits this			ed office or registered agent, or both, Date
-10 EW SMY he above the State	e named entity e of Florida. RE:	submits this	statement for the	gent	
-10 EW SMY he above the State	e named entity e of Florida. RE:Electrons S AND DIRECTOR D (GRAHAM, JOI	onic Signature CTORS:) Delete HN NTIC AVENUE,	statement for the	gent	Date
-10 EW SMY he above the State IGNATUI FFICER: ttle: ame: ddress:	e named entity e of Florida. RE: Electro S AND DIRECT D (GRAHAM, JOI 4335 S. ATLA NEW SMYRN D (NISWANDER,	crownic Signature CTORS:) Delete HN NTIC AVENUE, A BEACH, FL) Delete DAN NTIC AVENUE,	statement for the e of Registered Ag	pent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAN NISWANDER D 06/05/2004