


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 746980

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



Principal Place of Business 4335 S. ATLANTIC AVENUE C-10 NEW SMYRNA BEACH, FL 32169 US	Mailing Address 4335 S. ATLANTIC AVENUE C-10 NEW SMYRNA BEACH, FL 32169 US
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04282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2952199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NISWANDER, DAN
4335 S. ATLANTIC AVENUE
C-10
NEW SMYRNA BEACH, FL 32169

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: 4/28/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

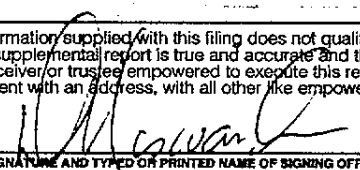
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, JOHN 4335 S. ATLANTIC AVENUE, B-8 NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NISWANDER, DAN 4335 S. ATLANTIC AVENUE, C-10 NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAUER, DAVID 4335 S. ATLANTIC AVE, B7 NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/05-80011-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: 4/28/2005 (386) 784-3620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR