


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90033 007 ****61.25

DOCUMENT # 746980

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



Principal Place of Business Mailing Address

**4335 S. ATLANTIC AVENUE
C-10
NEW SMYRNA BEACH FL 32169
US**

**4335 S. ATLANTIC AVENUE
C-10
NEW SMYRNA BEACH FL 32169
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. *605 Delaney Ave.*

City & State *Orlando FL*

Zip Country Zip Country

32801 *—*



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *Hutson E. McCorkle DDS*

Street Address (P.O. Box Number is Not Acceptable)

4335 S. Atlantic Ave - A2

City *New Smyrna Beach* **FL** Zip Code *32168*

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: *Hutson E. McCorkle* DATE: *3/9/06*

Signature: Typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-appointing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRAHAM, JOHN	
STREET ADDRESS	4335 S. ATLANTIC AVENUE, B-8	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input checked="" 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	MAUER, DAVID	
STREET ADDRESS	4335 S. ATLANTIC AVE, B7	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Hutson E. McCorkle, DDS</i>	
STREET ADDRESS	<i>4335 S. Atlantic Ave A2</i>	
CITY-ST-ZIP	<i>New Smyrna Beach, FL</i>	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 no other like empowered.

SIGNATURE: *Hutson E. McCorkle* DATE: *3/9/06* 407-422-3131