



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 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 605 DELANEY AVE ORLANDO FL 32801 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent MCCORKLE, HUTSON E DDS 4335 S. ATLANTIC AVENUE A2 NEW SMYRNA BEACH FL 32169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
4. FEI Number 59-2952199		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete GRAHAM, JOHN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4335 S. ATLANTIC AVENUE, B-8	STREET ADDRESS	U00000670091
CITY-ST-ZIP	NEW SMYRNA BEACH FL	CITY-ST-ZIP	03/27/07-20098-016 61.25
TITLE	D <input type="checkbox"/> Delete MCCORKE, HUTSON E DDS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4335 S ATLANTIC AVE A2	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete MAUER, DAVID	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4335 S. ATLANTIC AVE, B7	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.			
SIGNATURE: 		Date: 3-14-07 Daytime Phone #: 407-422-3131	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Hutson E. McCorkle		<small>Date</small> <small>Daytime Phone #</small>	

