

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2003 8:00 am
Secretary of State

5/5/

05-05-2003 90231 029 ****61.25

DOCUMENT # 746980

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



55094873

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4335 S. ATLANTIC AVE

3. Mailing Address
4335 S. ATLANTIC AVE

Suite, Apt. #, etc.
C-10

Suite, Apt. #, etc.
C-10

City & State
NEW SMYRNA BEACH FL

City & State
NEW SMYRNA BEACH FL

Zip
32169

Country
USA

Zip
32169

Country
USA

4. FEI Number **59-2952199**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**

7. Name and Address of New Registered Agent

Name _____

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

City _____ State **FL** Zip Code _____

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 *D. Niswander* DATE 4/28/2003

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

FILE NOW: FEE IS \$61.25

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 type="checkbox"/> Delete
NAME NISWANDER, DAN	
STREET ADDRESS 4335 S. ATLANTIC AVENUE, C-10	
CITY-ST-ZIP NEW SMYRNA BEACH FL	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME UVONE, 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	
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 checked="" type="checkbox"/> Addition
NAME MAUER, DAVID	
STREET ADDRESS 4335 S. ATLANTIC AVENUE - B7	
CITY-ST-ZIP NEW SMYRNA BEACH, FL	
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 exemption stated in Section 119.07(3)(f), 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

DATE: 4/28/2003 DAYTIME PHONE #: 386 423 8375

CR2E037 (10/02)