

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748080

FILED  
Mar 02, 2007  
Secretary of State

**Entity Name:** SEA DUNES SAND CASTLE ASSOCIATION, INC.

**Current Principal Place of Business:**

4345 SOUTH ATLANTIC AVENUE  
#C10  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

4345 SOUTH ATLANTIC AVENUE  
#C10  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 59-2709046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POHLAR, DAN  
4345 S ATLANTIC AVE UNIT C-10  
NEW SMYRNA BEACH, FL 32169 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: POHLAR, DAN  
Address: 4345 S. ATLANTIC AVE  
City-St-Zip: NEW SMYRNA, FL 32169

Title: V ( ) Delete  
Name: EDELSON, DAVID MD  
Address: 1165 NORTHERN BLVD #300  
City-St-Zip: MANHASSET, NY 11030

Title: D ( ) Delete  
Name: CASEY, DENNIS  
Address: 360 TROTTERS DR.  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 POHLAR

PD

03/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date