2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 748080

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: PRES (X) Change ( ) Addition
Name: POHLAR, DAN
Address: 4345 S. ATLANTIC AVE
City-St-Zip: NEW SMYRNA, FL 32169

Title: DIR (X) Change ( ) Addition
Name: EDELSON, DAVID MD
Address: 1165 NORTHERN BLVD #300
City-St-Zip: MANHASSET, NY 11030

Title: DIR (X) Change ( ) Addition
Name: GIUFFRIDA, THEDORE MD
Address: 4345 S ATLANTIC, UNIT A3
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify 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 PRES 03/20/2009

Electronic Signature of Signing Officer or Director — Date