


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90002 037 \*\*\*\*61.25

<b>DOCUMENT # 749052</b> 1. Entity Name <b>SEA DUNES NAUTILUS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4365 S. ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169-4001</b>			Mailing Address <b>236 S LUCERNE CIR ORLANDO, FL 32801 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>17 Old Post Rd</b> Suite, Apt. #, etc.			
City & State <b>Longwood FL</b>		4. FEI Number <b>59-2865749</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32779</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GIBSON, BRUCE A III 236 S LUCERNE CIRCLE ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name <b>Becky Latshaw</b> Street Address (P.O. Box Number is Not Acceptable) <b>17 Old Post Rd</b> City <b>Longwood</b> <b>FL</b> Zip Code <b>32779</b>		
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 <u><b>Becky Latshaw</b></u> DATE <u><b>3/15/08</b></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GIBSON, BRUCE A III 236 S LUCERNE CIRCLE ORLANDO, FL 32801</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bigalke, Suzanne</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2131 Companero Ave Orlando FL 32804</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BIGALKE, SUZANNE 2131 COMPANERO AVE ORLANDO, FL 32804</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Setter, Mary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>684 High Mountain Rd. Franklin Lake, NJ 07417</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GREENWOOD, PAMELA 1427 BUCKWOOD DR ORLANDO, FL 32806</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ratshaw, Becky</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 95889 Lake Mary FL 32795</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Latshaw, Becky</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17 Old Post Rd Longwood FL 32779</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u><b>Becky Latshaw</b></u>		<u><b>3/15/08</b></u>		<u><b>4079211000</b></u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	