

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749053

FILED
Jun 30, 2005
Secretary of State

Entity Name: SEA DUNES SAILFISH ASSOCIATION, INC.

Current Principal Place of Business:

4355 S. ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

% THOMAS COOK
1140 AUDUBON PL
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-2100432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COOK, THOMAS
1140 AUDUBON PL
ORLANDO, FL 32804 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: D (X) Delete
Name: MILLER, DOROTHY T,
Address: 651 COLUMBIA DR
City-St-Zip: WINTER PARK, FL

Title: D () Delete
Name: SLYE, JUDY
Address: 4355 S. ATLANTIC AVE, B-8
City-St-Zip: NEW SMYRNA BEACH, FL

Title: PTD () Delete
Name: COOK, TOM
Address: 1140 AUDUBOU PLACE
City-St-Zip: ORLANDO, FL 32804

Title: VPSD () Delete
Name: MARCARELLI, ED
Address: P.O. BOX 1306
City-St-Zip: NEW SMYRNA BEACH, FL 32170

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:

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 Section 119.07(3)(i), 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: THOMAS COOK

P

06/30/2005

Electronic Signature of Signing Officer or Director

Date