## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT#749053** 

FILED Oct 06, 2009 Secretary of State

Entity Name: SEA DUNES SAILFISH ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4355 S. ATLANTIC AVE.

NEW SMYRNA BEACH, FL 32169 US

Current Mailing Address: New Mailing Address:

% THOMAS COOK % THOMAS COOK

1140 AUDUBON PL 2305 EDGEWATER DR 1205 ORLANDO, FL 32804 US ORLANDO, FL 32804 US

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: Name and Address of New Registered Agent:

COOK, THOMAS COOK, THOMAS

 1140 AUDUBON PL
 2305 EDGEWATER DR 1205

 ORLANDO, FL 32804
 US

 ORLANDO, FL 32804
 US

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: THOMAS COOK 10/06/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ()Delete Title: ()Change ()Addition

 Name:
 SLYE, JUDY
 Name:

 Address:
 4355 S. ATLANTIC AVE, B-8
 Address:

 City-St-Zip:
 NEW SMYRNA BEACH, FL
 City-St-Zip:

Title: PTD ( ) Delete Title: PTD (X) Change ( ) Addition

Name: COOK, TOM Name: COOK, TOM

 Address:
 1140 AUDUBOU PLACE
 Address:
 2305 EDGEWATER DR 1205

 City-St-Zip:
 ORLANDO, FL 32804
 City-St-Zip:
 ORLANDO, FL 32804

Title: VPSD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MARCARELLI, ED
 Name:

 Address:
 P.O. BOX 1306
 Address:

 City-St-Zip:
 NEW SMYRNA BEACH, FL 32170
 City-St-Zip:

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: THOMAS COOK PRES 10/06/2009