

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757542

FILED
Jul 13, 2006
Secretary of State

Entity Name: SEA DUNES PIECES OF EIGHT ASSOCIATION, INC.

Current Principal Place of Business:

1165 NORTHERN BLVD, #300
C/O DAVID EDELSON, MD
MANHASSET, NY 11030

New Principal Place of Business:

Current Mailing Address:

1165 NORTHERN BLVD, #300
C/O DAVID EDELSON, MD
MANHASSET, NY 11030

New Mailing Address:

FEI Number: 59-2553428 **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:

EDELSON, DAVID G MD
4375 S. ATLANTIC AVENUE, UNIT A4
NEW SMYRNA BEACH, FL 32169 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: V () Delete
Name: HICKEY, MIKE
Address: 250 MINORCA BEACH WAY
City-St-Zip: NEW SMYRNA, FL 32169

Title: TM () Delete
Name: MC CAULEY, JERI-ANN
Address: 4375 S. ATLANTIC #B7
City-St-Zip: NEW SMYRNA, FL 32169

Title: S () Delete
Name: HAVEN, JOLYNN
Address: 4375 S. ATLANTIC
City-St-Zip: NEW SMYRNA, FL 32169

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 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: DAVID G. EDELSON, MD

PD

07/13/2006

Electronic Signature of Signing Officer or Director

Date