2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007
Secretary of State

DOCUMENT# 757542

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 (X)**

Name and Address of Current Registered Agent:

EDELSON, DAVID G MD
4375 S. ATLANTIC AVENUE, UNIT A4
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: 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: V (X) Change ( ) Addition
Name: PANTALEON, NICKIE
Address: 4375 S. ATLANTIC, UNIT 10
City-St-Zip: NEW SMYRNA, FL 32169

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: HOLMAN, JUNE
Address: 4375 S. ATLANTIC ,UNIT A2
City-St-Zip: NEW SMYRNA, FL 32169

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 EDELSON, MD PD 02/26/2007

Electronic Signature of Signing Officer or Director — Date