2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 17, 2008 8:00 am Secretary of State **DOCUMENT # 757542** 1. Entity Name 04-17-2008 90009 016 ****61.25 SEA DUNES PIECES OF EIGHT ASSOCIATION, INC. Principal Place of Business Mailing Address 4375 S ATLANTIC AVE #7 NEW SMYRNA BEACH FL 32169 4375 S ATLANTIC AVE #7 NEW SMYRNA BEACH FL 32169 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2553428 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCAULEY, JERI-ANN Street Address (P.O. Box Number is Not Acceptable) 4375 S ATLANTIC AVE #7 **NEW SMYRNA BEACH FL 32169** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) :: 17 Jan 1-11 - 11 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State **G**Galakii Libalii ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. Change TITLE Delate TITLE PD ☐ Addition EDELSON, DAVID MD HAME NAME Pantaleon Nickie 4375 S. Atlantic STREET ADDRESS 1165 NORTHERN BLVD, #300 STREET ADDRESS MANHASSET NY 11030 CITY-ST-ZIP CITY-ST-ZIP Smyrna Beach change title to TOTLE ☐ Delete TITLE PANTALEON, NICKIE NAME NAME 4375 S. ATLANTIC, UNIT 10 STREET ADDRESS STREET ADDRESS CITY-ST-7IP NEW SMYRNA FL 32169 CITY-ST-ZIP TOTAL Delete TITLE Change ☐ Addition MC'CAULEY, JERFANN --- --NAME. NAME STREET ADDRESS 4375 S. ATLANTIC #B7 STREET ADDRESS NEW SMYRNA FL 32169 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE ☐ Change ☐ Addition HOLMAN, JUNE NAME NAME 4375 S. ATLANTIC JUNIT A2 STREET ADDRESS STREET ADDRESS CITY-ST-7IP NEW SMYRNA FL 32169 CITY-ST-ZIP THLE Delete IIILE Change Addition NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME MANAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the production of the corporation or the receiver of 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

SIGNATURE