

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757542

FILED
Jan 28, 2009
Secretary of State

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

Current Principal Place of Business:

4375 S ATLANTIC AVE #7
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

4375 S ATLANTIC AVE #7
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-2553428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCAULEY, JERI-ANN
4375 S ATLANTIC AVE #7
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: PANTALEON, NICKIE
Address: 4375 S. ATLANTIC AVE, #10
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: V () Delete
Name: PANTALEON, NICKIE
Address: 4375 S. ATLANTIC, UNIT 10
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: HOLMAN, JUNE
Address: 4375 S. ATLANTIC, UNIT A2
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 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: JERI-ANN MCCAULEY

TM

01/28/2009

Electronic Signature of Signing Officer or Director

Date