

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762010

**Entity Name:** FRIENDS OF THE ARTHUR R. MARSHALL LOXAHATCHEE  
NATIONAL WILDLIFE REFUGE, INC.**FILED**  
**Feb 07, 2013**  
**Secretary of State**  
**CC0478881657****Current Principal Place of Business:**10216 LEE ROAD  
BOYNTON BEACH, FL 33473**Current Mailing Address:**P.O. BOX 6777  
DELRAY BEACH, FL 33482 US**FEI Number: 59-2152926****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILLIAMS, ELINOR R  
3101 LAKEVIEW BLVD  
DELRAY BEACH, FL 33445 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: ELINOR R. WILLIAMS****02/07/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	WILLIAMS, ELINOR
Address	3101 LAKEVIEW BLVD
City-State-Zip:	DELRAY BEACH FL 33445

Title	VP
Name	COLVARD, JUDY
Address	918 EVE STREET
City-State-Zip:	DELRAY BEACH FL 33483

Title	TREASURER
Name	LURIE, DAVID
Address	9607 ISLES CAY DRIVE
City-State-Zip:	DELRAY BEACH FL 33446

Title	SECRETARY
Name	DAVIS, JOAN E
Address	9771 PAVAROTTI TERRACE #103
City-State-Zip:	BOYNTON BEACH FL 33437

Title	DIRECTOR
Name	POULSON, TOM
Address	318 MARLBERRY CIRCLE
City-State-Zip:	JUPITER FL 33458

Title	DIRECTOR
Name	PLOCKELMAN, CYNTHIA
Address	311 FRANKLIN ROAD
City-State-Zip:	WEST PALM BEACH FL 33405

Title	DIRECTOR
Name	EISEN, HARVEY
Address	4022 HYTHE B
City-State-Zip:	BOCA RATON FL 33434

Title	DIRECTOR
Name	KRAMER, JEFF
Address	7028 DEMEDICI CIRCLE
City-State-Zip:	DELRAY BEACH FL 33446

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: ELINOR R. WILLIAMS****PRESIDENT****02/07/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HOROWITZ, STEVE  
Address 13231 VEDRA LAKE CIRCLE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name LARCHE, KAY  
Address 4953 PALM RIDGE BLVD  
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR  
Name TRACEY, PAULINE  
Address 6216 ADRIATIC WAY  
City-State-Zip: GREENACRES FL 33413

Title DIRECTOR  
Name WINOKUR, MIKE  
Address 14371 EMERALD LAKE DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name MARSHALL, JOHN  
Address 525 SOUTH FLAGLER DRIVE  
#10C  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name PAREDES, JAY  
Address 5154 HERON COURT  
City-State-Zip: COCONUT CREEK FL 33073

Title DIRECTOR  
Name WALD, MAX  
Address 8236 SEAHORSE COVE BLVD  
City-State-Zip: LAKE WORTH FL 33467