

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14761

**Entity Name:** THE SEA TURTLE PRESERVATION SOCIETY, INC.

**Current Principal Place of Business:**

111 S. MIRAMAR AVE.  
INDIALANTIC, FL 32903

**Current Mailing Address:**

111 S MIRAMAR AVE  
INDIALANTIC, FL 32903 US

**FEI Number: 59-2856913**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SKINNER, SUSAN  
450 HARWOOD AVENUE  
SATELLITE BEACH, FL 32937 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: SUSAN SKINNER**

**01/30/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LEBRESKO, KATHLEEN  
Address        571 LAUREL OAK CT NE  
City-State-Zip: PALM BAY FL 32907

Title           DIRECTOR  
Name           HUGHES, DORI  
Address        PO BOX 034087  
City-State-Zip: INDIALANTIC FL 32903

Title           DIRECTOR  
Name           KONKEL, CRAIG  
Address        359 MONTECITO  
City-State-Zip: SATELLITE BEACH FL 32937

Title           DIRECTOR  
Name           VILLANUEVA, NOELLE  
Address        5845 LAKE WASHINGTON RD  
City-State-Zip: MELBOURNE FL 32934

Title           DIRECTOR, CHAIRMAN  
Name           SKINNER, SUSAN G  
Address        450 HARWOOD AVENUE  
City-State-Zip: SATELLITE BEACH FL 32937

Title           SECRETARY  
Name           LITTLETON, LISA K  
Address        5201 OCEAN BEACH BLVD  
                  #21  
City-State-Zip: COCOA BEACH FL 32931

Title           DIRECTOR  
Name           PECHAR, JOHN W  
Address        1529 KING TERRACE  
City-State-Zip: MELBOURNE FL 32935

Title           DIRECTOR  
Name           SHEA, AMY K  
Address        3972 MAN O WAR LANE  
City-State-Zip: GRANT-VALKARIA FL 32950

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*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: KATHLEEN LEBRESKO**

**TREASURER**

**01/30/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LOFTUS, LORI A  
Address 10524 MOSS PARK RD  
#204130  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR  
Name SMITH, JOHN KENNETH  
Address 4072 SAND RIDGE DRIVE  
City-State-Zip: MERRITT ISLAND FL 32953

Title DIRECTOR  
Name ETHERTON, KELLY  
Address 4007 SPARROW HAWK ROAD  
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR  
Name FORMAN, DIANA L  
Address 802B BRITTANY DR  
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR  
Name SCHALLER, DANIEL T  
Address 3635 SAVANNAHS TRAIL  
City-State-Zip: MERRITT ISLAND FL 32953