

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14761

**FILED**  
**Jan 16, 2015**  
**Secretary of State**  
**CC5322804772**

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

**Current Principal Place of Business:**

111 S. MIRAMAR AVE.  
INDIALTANTIC, FL 32903

**Current Mailing Address:**

PO BOX 510988  
MELBORNE BCH, FL 32951-0988 US

**FEI Number:** 59-2856913

**Certificate of Status Desired:** Yes

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

HOCHBERG, DAVID R.  
1350 ATLANTIC ST  
APT 1  
MELBOURNE BEACH, FL 32951 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:** DAVID HOCHBERG

01/16/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CINDY, ULLMER  
Address 201 DELAND AVE  
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR  
Name PETRILLO, MARK  
Address 322 DARROW COURT  
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR  
Name CHENEY, DAVE  
Address 485 LIMERICK DR  
City-State-Zip: MERRITT ISLAND FL 32953

Title TREASURER  
Name PARKS, KATHRYN A  
Address 8924 PUERTO DEL RIO DRIVE  
UNIT 501  
City-State-Zip: CAPE CANAVERAL FL 32920

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

Title DIRECTOR  
Name PSZONOWSKY, ROGER  
Address 944 AIS ST SW  
City-State-Zip: PALM BAY FL 32908

Title CHAIRMAN  
Name HOCHBERG, DAVID  
Address 1350 ATLANTIC ST  
APT # 1  
City-State-Zip: MELBOURNE BEACH FL 32951

Title SECRETARY  
Name OPENSHAW, VICKIE  
Address 2875 N. HIGHWAY A1A  
UNIT # 405  
City-State-Zip: INDIALANTIC FL 32903

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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:** KATHRYN A. PARKS

TREASURER

01/16/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RICE, NIKIA  
Address 1735 PINE VALLEY DR  
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR  
Name BURNETTE, MARY  
Address 480 CINNAMON DR  
City-State-Zip: SATELLITE BEACH FL 32937

Title DIRECTOR  
Name CONNER, NINI  
Address 123 HIGHWAY A1A  
City-State-Zip: SATELLITE BEACH FL 32934

Title DIRECTOR  
Name CONNER, NINI  
Address 123 HIGHWAY A1A  
City-State-Zip: SATELLITE BEACH FL 32934

Title DIRECTOR  
Name BERGMANN, ANDREA  
Address 465 E CRISAFULLI RD  
City-State-Zip: MERRITT ISLAND FL 32953

Title DIRECTOR  
Name PEPE-DILLON, HEATHER  
Address 702 BONNIE CIRCLE  
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR  
Name PEPE-DILLON, HEATHER  
Address 702 BONNIE CIRCLE  
City-State-Zip: MELBOURNE FL 32901