

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N18000004983

**Entity Name:** FRIENDS OF MANATEE LAGOON, INC.

**Current Principal Place of Business:**

6000 N FLAGLER DRIVE, STE 202  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

6000 N FLAGLER DRIVE, STE 202  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 82-5477621

**Certificate of Status Desired:** No

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

NASON, YEAGER, GERSON, HARRIS & FUMERO, P.A  
3001 PGA BOULEVARD  
SUITE 305  
PALM BEACH GARDENS, FL 33410 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name ROULHAC, JULIET  
Address 6000 N FLAGLER DRIVE, STE 202  
City-State-Zip: WEST PALM BEACH FL 33407

Title DIR  
Name JACOBS, MICHELE  
Address 6000 N FLAGLER DRIVE, STE 202  
City-State-Zip: WEST PALM BEACH FL 33407

Title DIR  
Name LIGHTON, JACK  
Address 6000 N FLAGLER DRIVE, STE 202  
City-State-Zip: WEST PALM BEACH FL 33407

Title DIR  
Name LITCHFIELD, WADE  
Address 6000 N FLAGLER DRIVE, STE 202  
City-State-Zip: WEST PALM BEACH FL 33407

Title DIR  
Name RAUCH, PAMELA  
Address 6000 N FLAGLER DRIVE, STE 202  
City-State-Zip: WEST PALM BEACH FL 33407

Title EXECUTIVE DIRECTOR  
Name MESSER, ANNE  
Address 6000 N FLAGLER DRIVE, STE 202  
City-State-Zip: WEST PALM BEACH FL 33407

Title AUTHORIZED REPRESENTATIVE  
Name COTNER, KATE PINGOLT  
Address 6000 N FLAGLER DRIVE, STE 202  
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR  
Name CIARFELLA, NIKA  
Address 6000 N FLAGLER DRIVE, STE 202  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** ANNE MESSER

**EXECUTIVE DIRECTOR**

**09/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date