

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 709993

1. Entity Name
AUDUBON OF MARTIN COUNTY, INC.



Principal Place of Business
**621 S.E. PALM BEACH ROAD
STUART, FL 34994 US**

Mailing Address
**621 S.E. PALM BEACH ROAD
STUART, FL 34994 US**



01212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1496505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GORDON, ROBERT W
116 N BEACH ROAD
HOBE SOUND, FL 33455**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinitiating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNE, NATHALIE 1000 N US HWY 1 #27 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMYTH, SUSAN 1107 NW 13TH ST. STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORDON, ROBERT 116 N BEACH RD HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ODLUM, LAURIE 7740 SE FORK RIVER DR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUN, D GREG 10370 TRAILWOOD CIRCLE JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, DEVON P O BOX 7116 STUART, FL 34996

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01/29/08-80012-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert W. Gordon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08

Date

(772) 546-2206

Daytime Phone #