

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709993

FILED
Jan 13, 2009
Secretary of State

Entity Name: AUDUBON OF MARTIN COUNTY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1496505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWNE, NATHALIE
Address: 1000 N US HWY 1 #27
City-St-Zip: JUPITER, FL 33477

Title: D () Delete
Name: SMYTH, SUSAN
Address: 1107 NW 13TH ST.
City-St-Zip: STUART, FL 34994

Title: T () Delete
Name: GORDON, ROBERT
Address: 116 N BEACH RD
City-St-Zip: HOBE SOUND, FL 33455

Title: P () Delete
Name: ODLUM, LAURIE
Address: 7740 SE FORK RIVER DR
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: BRAUN, D GREG
Address: 10370 TRAILWOOD CIRCLE
City-St-Zip: JUPITER, FL 33478

Title: D () Delete
Name: GREEN, DEVON
Address: P O BOX 7116
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WARNS, DOUG
Address: 9045 ONE PUTT PLACE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WOOD, CURT
Address: 7527 JAMAICAN COURT
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT GORDON

T

01/13/2009

Electronic Signature of Signing Officer or Director

Date