## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # N00000006437**

1. Entity Name
FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL
ESTUARINE RESEARCH RESERVE, INC.

FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90434 002 \*\*\*\*61.25

				_						
450 GUANA RIVER ROAD 450			ing Address O Guana River Road NTE Vedra Beach, FL 32082							
2. Principal I	Place of Business - No P.O. Box #	ailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04252007	Chg-NP	CR2E037 (12/06)		
City & Sta	te	Ci	ty & State			4. FEI Numbe 91-208		<b>⊢</b>	optied For lot Applicable	
Zip Country		Zij	, , , , , , , , , , , , , , , , , , ,			5. Certificate	of Status Desired	□ \$8.75 Ac Fee Requir		
	6. Name and Address of Curre	ed Agent			7. Name and	Address of New F	Registered Agent			
BAYER, DENNIS K					Name					
306 SOUTH OCEANSHORE BLVD FLAGLER BEACH, FL 32136				Street	Street Address (P.O. Box Number is Not Acceptable)					
	•			City				<b>₽</b> Zip Co	de	
•								PL		
the obliga	e named entity submits this statemen tions of registered agent.	t for the purp	ose of changing its r	egistered office	or register	ed agent, or bot	n, in the State of Flo	orida. I am familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if app	olicable. (NOTE:	Registered Agent sign	ature required	when reinstating)		DATE		
<i>i</i> , ; · · · · · ·										
•,	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Camp Trust Fund Co			\$5.00 May Both Added to Fees	· 1	lake check payable rida Department of S		
10.	OFFICERS AND	DIRECTORS		11.	-	ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRECTORS II	N 10	
TITLE	PD		□ Delete	TITLE	PD	2		☐ Change	*** Addition	
NAME	HAMPP, CARL			NAME	Cole	:man, Wi 3 Lands Er	lfrid			
STREET ADDRESS	9600 OCEAN SHORE BLVD			STREET ADDRESS	3483	3 Lands Er	nd Un.			
CITY-ST-ZIP	MARINELAND, FL 32080			CITY-ST-ZIP	1 St. F	109 Fl. 3	<del>8084</del>			
TITLE	SD CAN		Delete	TITLE	VO	C T.	200	🔀 Change	Addition	
NAME STREET ADDRESS	HANKINSON, GAIL 9150 MELLON COURT			NAME	Photi		seph es Circle			
CITY-ST-ZIP	ST AUGUSTINE, FL 32080			STREET ADDRESS CITY-ST-ZIP	1010 2	ana zon		2000		
TITLE	TD		<b>-</b>	<del></del>			Bch, Fl 3			
NAME	DANCIGER, AGNES		Delete	TITLE NAME	TO			Change	☐ Addition	
STREET ADDRESS	2919 PONTE VEDRA BLVD			TOTAL	THOM	$(\rho \rho) \hookrightarrow (1)$	contor			
CITY-ST-ZIP	LABIA CONTE VEDRA DEVO			STREET ADDRESS	100-	200		)C		
	PONTE VEDRA BEACH, FL 3	2082		STREET ADDRESS CITY-ST-ZIP	235	pp, carl marine	38080	)r.		
TITLE	1	2082	☐ Delete	CITY-ST-ZIP	51 1	Marine <del>Jug, F</del> I	. 32080		<b>S</b> Addition	
TITLE NAME	PONTE VEDRA BEACH, FL 3	2082	☐ Delete		5.D	atta Do	. 30080 tec	☐ Change	Addition	
	PONTE VEDRA BEACH, FL 3 D	2082	☐ Delete	CITY-ST-ZIP TITLE	5.D	atta Do	. 30080 tec	☐ Change	Addition	
NAME	PONTE VEDRA BEACH, FL 3 D PIERCE, PIERRE		☐ Delete	CITY-ST-ZIP TITLE NAME	5.D	atta Do	. 30080 tec	☐ Change	Addition	
NAME STREET ADDRESS CFTY-ST-ZIP	PONTE VEDRA BEACH, FL 3 D PIERCE, PIERRE 104 FALCON RD. SAINT AUGUSTINE, FL 32086 D		☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	51 SD Dife 2331	atta Do	. 30080	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PONTE VEDRA BEACH, FL 3 D PIERCE, PIERRE 104 FALCON RD. SAINT AUGUSTINE, FL 32086 D STARCK, BARBARA			CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	50 Dife \$331 Pon-	atta, Pe S. Ponto te Vedra	ter Evedra B Boh, Fl.	□ Change	Addition	
NAME STREET ADDRESS CFTY-ST-ZIP TITLE NAME STREET ADDRESS	PONTE VEDRA BEACH, FL 3 D PIERCE, PIERRE 104 FALCON RD. SAINT AUGUSTINE, FL 32080 D STARCK, BARBARA 2749 S PONTE VEDRA BLVD	6		CITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	50 Dife 3331 Dc Pixl	atta, Pe S. Ponto te Vedra er, Fran S. Ocea	ter Evedra B Boh, Fl.	Change  Short  Change  Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PONTE VEDRA BEACH, FL 3 D PIERCE, PIERRE 104 FALCON RD. SAINT AUGUSTINE, FL 32080 D STARCK, BARBARA 2749 S PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 3	6	□ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	50 Dife 3331 Dc Pixl	atta, Pe S. Ponto te Vedra er, Fran S. Ocea	ter Evedra B Boh, Fl.	Change JVd 38082	Addition	
NAME STREET ADDRESS CFTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PONTE VEDRA BEACH, FL 3 D PIERCE, PIERRE 104 FALCON RD. SAINT AUGUSTINE, FL 32080 D STARCK, BARBARA 2749 S PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 3 D	6		CITY-ST-ZIP  IITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE	50 Dife 3331 Dc Pixl	atta, Pe S. Ponto te Vedra er, Fran S. Ocea	ter Evedra B Boh, Fl.	Change  Short  Change  Change	Addition	
NAME STREET ADDRESS CTIY-ST-ZIP TITLE NAME STREET ADDRESS CTIY-ST-ZIP TITLE NAME	PONTE VEDRA BEACH, FL 3 D PIERCE, PIERRE 104 FALCON RD. SAINT AUGUSTINE, FL 32080 D STARCK, BARBARA 2749 S PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 3 D HUTNAN, JOSEPH	6	□ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME	SD Diffe and Dix	atta, Pe S. Ponte Vedra er, Frace S. Ocea te Vedr	ter Evedra B Bch, Fl. n Grand a Bch, t	□ Change    Change	⊠ Addition	
NAME STREET ADDRESS CFTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PONTE VEDRA BEACH, FL 3 D PIERCE, PIERRE 104 FALCON RD. SAINT AUGUSTINE, FL 32080 D STARCK, BARBARA 2749 S PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 3 D	6 2082	□ Delete	CITY-ST-ZIP  IITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE	50 50 633 00 633 00 633 15 00 15 00 15 00 15 00 15 15 15 15 15 15 15 15 15 15 15 15 15	atta, Pe S. Ponto te Vedra er, Fran S. Ocea te Vedra fman:	ter Evedra B Bch, Fl. n Grand a Bch, Irene Ponte Vec	□ Change    Change	⊠ Addition	

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. W. W. Coleman

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR