

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-21-2006 90037 003 ****61.25

DOCUMENT # N01000006177

1. Entry Name
SOUTH MARTIN CONSERVATION ALLIANCE, INC.



Principal Place of Business

PO BOX 1462- 909
JUPITER, FL 33468

HOBE SOUND FL 33475

Mailing Address

PO BOX 1462- 909
JUPITER, FL 33468

HOBE SOUND FL 33475

66007778



02142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
01-0583485

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

INTRASTATE-REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE. 3000
MIAMI, FL 33177

JOHN STRAWBRIDGE 122 SOUTH BEACH ROAD
~~PO BOX 8223~~
HOBE SOUND, FL 33475 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

John Strawbridge

(NOTE: Registered Agent signature required when reappointing)

3/4/06

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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
FIELD, MARSHALL
342 S BEACH RD
HOBE SOUND, FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
STRAWBRIDGE, JOHN
122 S BEACH RD
HOBE SOUND, FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WYER, JAMES I
911 NAVESINK RIVER ROAD
LOCUST, NJ 07760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

John Strawbridge
JOHN STRAWBRIDGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/06

Date

(772) 545 7135

Daytime Phone



ATTACHMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

66007778

March 22, 2006

SOUTH MARTIN CONSERVATION ALLIANCE, INC.
PO BOX 909
HOBE SOUND, FL 33475

Subject: SOUTH MARTIN CONSERVATION ALLIANCE, INC.

Reference Number: N01000006177

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address. - 122 SOUTH BEACH ROAD
HOBE SOUND FL 33455

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj

ANNUAL REPORTS SECTION