

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000881

FILED
Mar 25, 2007
Secretary of State

Entity Name: SOUTH WALTON TURTLE WATCH GROUP, INC.

Current Principal Place of Business:

74 BIRCH ST.
FREEPORT, FL 32439

New Principal Place of Business:

Current Mailing Address:

74 BIRCH ST.
FREEPORT, FL 32439

New Mailing Address:

FEI Number: 42-1529341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, SHARON
74 BIRCH ST.
FREEPORT, FL 32439 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: MAXWELL, SHARON
Address: 74 BIRCH ST.
City-St-Zip: FREEPORT, FL 32439

Title: D () Delete
Name: FLETCHER, MARY
Address: 284 GROVE LANE
City-St-Zip: FREEPORT, FL 32439

Title: D () Delete
Name: MCDONALD, KIM
Address: 2445 BAY GROVE RD
City-St-Zip: FREEPORT, FL 32439

Title: D () Delete
Name: KATHERINE, BERRYMAN
Address: 70 CAMP CREEK RD #6
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: FOWLKES, RICHARD
Address: 66 SAND DUNES RD
City-St-Zip: SANTA ROSA BEACH, FL 32439

Title: T () Delete
Name: RATCLIFFE, DAWN
Address: 427 PELICAN BAY DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: RODRIGUEZ, KIM
Address: 2445 BAY GROVE RD
City-St-Zip: FREEPORT, FL 32439

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAWN RATCLIFFE

T

03/25/2007

Electronic Signature of Signing Officer or Director

Date