2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009218

Entity Name: LONGBOAT KEY TURTLE WATCH, INC.

FILED Feb 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

713 NORTON STREET 548 BAYVIEW DR.

LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228

Current Mailing Address: New Mailing Address:

PO BOX 72

LONGBOAT KEY, FL 34228

FEI Number: 30-0163215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOYNTON, SALLY
713 NORTON STREET
HAYWORTH, CINDY
548 BAYVIEW DR.

LONGBOAT KEY, FL 34228 US LONGBOAT KEY, FL 34228 US

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: CINDY HAYWORTH 02/15/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ()Delete Title: PD (X)Change ()Addition

 Name:
 BOYNTON, SALLY
 Name:
 THURMAN, TIM

 Address:
 713 NORTON STREET
 Address:
 5108 PALM AIRE DR.

 City-St-Zip:
 LONGBOAT KEY, FL 34228
 City-St-Zip:
 SARASOTA, FL 34243

Title: SD () Delete Title: VD (X) Change () Addition

 Name:
 TREONIS, NATHALIE
 Name:
 SEAMON, CYNDI

 Address:
 761 TARAWIT DR.
 Address:
 562 NORTON ST

City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: LONGBOAT KEY, FL 34228

Title: TD () Delete Title: () Change () Addition

Name:PERROTTA, FREDAName:Address:5757 GULF OF MEXICO DR.Address:City-St-Zip:LONGBOAT KEY, FL 34228City-St-Zip:

 Title:
 VD
 () Delete
 Title:
 SD
 (X) Change () Addition

 Name:
 SIEKMANN, MIMI
 Name:
 HAYWORTH, CINDY

 Address:
 660 LANDS END
 Address:
 548 BAYVIEW

 City-St-Zip:
 LONGBOAT KEY, FL 34228
 City-St-Zip:
 LONGBOAT KEY, FL 34228

Title: SD (X) Delete Title: () Change () Addition

 Name:
 HAYWORTH, CINDY
 Name:

 Address:
 548 BAYVIEW DR
 Address:

 City-St-Zip:
 LONGBOAT KEY, FL 34228
 City-St-Zip:

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: CINDY HAYWORTH SD 02/15/2008