

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N12444

1. Entity Name

THE BARNACLE SOCIETY, INC.



FILED

07 MAR 19 PM 3:46

Principal Place of Business

3485 MAIN HIGHWAY  
COCONUT GROVE FL 33133

Mailing Address

3485 MAIN HIGHWAY  
COCONUT GROVE FL 33133

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2662462

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EBBERT, MARLIN  
6935 ALMANSA STREET  
CORAL GABLES FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VERRENGIA, JODY	
STREET ADDRESS	3980 PARK AVE	
CITY-STATE-ZIP	MIAMI FL 33133	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CORROL, JULIE	
STREET ADDRESS	1517 SAN RAFAEL	
CITY-STATE-ZIP	CORAL GABLES FL 33134	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MAYNARD, CARL K	
STREET ADDRESS	7096 SW 48 LANE	
CITY-STATE-ZIP	MIAMI FL 33155	
TITLE	DP	<input type="checkbox"/> Delete
NAME	EBBERT, MARLIN	
STREET ADDRESS	6935 ALMANSA STREET	
CITY-STATE-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Atwater	
STREET ADDRESS	1540 Catalonia Avenue	
CITY-STATE-ZIP	Coral Gables FL 33134	
TITLE	DRS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Connor, Julie	
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Powers	
STREET ADDRESS	3803 Little Avenue	
CITY-STATE-ZIP	Coconut Grove, FL 33133	
TITLE	DVP1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	DCS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peggy Witt	
STREET ADDRESS	3648 St Gardens Road	
CITY-STATE-ZIP	Coconut Grove, FL 33133	
TITLE	DVP2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Villano	
STREET ADDRESS	2453 Iguana Avenue	
CITY-STATE-ZIP	Coconut Grove FL 33133	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Susan Atwater

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/07 3056680001

Date

Daytime Phone #



# Florida Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

March 15, 2007

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Mr. Toner:

This letter is to certify to you that The Barnacle Society, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Eryn Calabro at the above address, MS 535. If further information is needed feel free to call her at 245-2939.

Sincerely,

Mike Bullock  
Director  
Florida Park Service

MB/edc

Attachments