FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N23845

(3)

 Corporatio 	n Name	_	(~)				l					
SAVE-A	A-TURTLE, INC.											
OTT C	1 1011/22/ 1110-						1	L 30003104 DER ESTRE HELDE LANCE BERGE DE	I AIAL BIDU DI	Rik Billik ûl	1811 BLB11 HBB1	
							ļ					
Principal Place of Business Mailing Address								E LAMERIAN MIN JITAN 111MI TÜVIJ BENDI MI	li Bidil Bidil Bi	VII 3161 1 UI	INDE WIDE INN	
C/O DONNA VAN KIRK C/O DONNA VAN KIRK								3. Date Incorporated or Qualified				
2121 YELLOWTAIL 2121 YELLOWTAIL										ĺ		
MARATHON FL 33050-2803 MARATHON FL 33050-2803								12/14/1987 4. FEI Number			oplied For	
								65-0023815			oplied For ot Applicable	
2. Principal Place of Business 28. Mailing Address												
n			26					5. Certificate of Status Desired	xx ·		Additional equired	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.					6. Election Campaign Financing		55.00		
22			27					Trust Fund Contribution		Added to		
City & State			City & State				7	7. Is this nonprofit corporation a homeowners association?				
			28					Yes XMNo				
Zip	Country	├ ──	Zip	Cou	ntry			8. This corporation owes or has paid				
24	25	29		30				Personal Property Tax due June 3			_ No	
	9. Name and Address of Curren	nt Hegiste	red Agent		B1	Name		10. Name and Address of New Reg	istered Age	ent		
				1	•'	Name					l l	
VAN KIRK, DONNA					82	Street Address (P.O. Box Number Is Not Acceptable)						
2121 YELLOWTAIL			ļ	83								
MARATHON FL 33050					83							
					84	City			FL	35 Zip	Code	
11. Durement	to the provisions of Sections 617 050	12 and 617	1509 Florida Statut	an the sh		- named	corpore	etion submits this statement for the pu		anging if	te registered	
office or r	egistered agent, or both, in the State	of Florida	Such change was	authorized	by	the corp	poration	ation submits this statement for the pu 's board of directors. I hereby accept	the appoin	lment as	registered	
agent. I a	m tamiliar with, and accept the oblig	ations of,	Section 617.0503, Fi	orida Stati	utes	S.					}	
SIGNATURE.	Signature typed or printed name of registered ag-	ent and title if	spolicable (NOT	F: Registered	Age	nt Rigneture	repulred v	when reinstating)	DATE			
12.								ADDITIONS/CHANGES TO OFFICE		RECTOR	RS IN 12	
TITLE	PD (X) DELETE			1.1 111	1.1 TITLE P					Change	☐ Addition	
NAME	DOUGLAS, DIANE			1.2 NA	ME		BRO	OWN, TINA				
STREET ADDRESS								96 OVERSEAS HWY.			ļ	
CITY-ST-ZIP	ISLAMORADA FL		1.4 CITY - ST - ZIP			MAI	RATHON FL 33050					
TITLE	TD	DELETE	2.1 TiT					Change	Addition			
NAME	JENSEN, MARGUERITE			2.2 NAME								
STREET ADDRESS	195 PLANTATION SHORES DR				2.3 STREET ADDRESS							
CITY-ST-ZIP	TAVERNIER FL			2. 4 CI	2. 4 CITY - ST - ZIP							
TITLE	D		☐ DELETE	3.1 TiT	LE				ــا	Change	☐ Addition	
NAME	WELLS, PAT			3.2 NA		ļ					ł	
STREET ADDRESS	LONG KEY STATE REC. ARE	A				ADDRESS						
CITY-ST-ZIP	LONG KEY FL		PERSON	3.4. C(T-ZIP				Obecco	م د العاقدام و	
TITLE	SD ZUMBRUM DOROTHY		☐ DELETE	4.1 TIT		1		· - · · · · · · · · · · · · · · · · · ·	ш	Change	Addition	
NAME	ZUMBRUM, DOROTHY 29 EAGLE DR.			4. 2 NA								
STREET ADDRESS	KEY LARGO FL			1	4.3 STREET ADDRESS						}	
CITY-ST-ZIP TITLE	VO DELETE			4.4 CITY-ST-ZIP 5.1 TITLE		VD		X2	Change	X X Addition		
NAME	BROWN, TINA			5 2 NAME		BAX	TER, JULIE	-	y			
STREET ADDRESS	2396 OVERSEAS HWY.				53 CTDCCT ADDUCED 5			0 s. w. 78 st.				
CITY-ST-ZIP	1446 AMILEAA MI ARAMA				M I		MIA	MI, FL 33143				
TITLE	D		DELETE	6.1 T(T		. 411				Change	Addition	
NAME	BERNETT, YEA			6.2 NA		ļ			_	•	_	
STREET ADDRESS	1655 HARBOR DR.					address					1	
CITY-ST-ZIP	MARATHON FL			6.4 CIT	Y-\$1	T-ZIP						
14. I hereby o		vith this fille	ng does not qualify for	or the exe	mpt	tion state	d in Se	ction 119.07(3)(i), Florida Statutes. I fu	urther certify	that the	information	

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

Marquirile

SIGNATURE:

FILED

Mar 27 1998 8:00am

Secretary of State