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1997 APR 30 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000003396 (6)

1. Corporation Name

STEWARDS FOR THE SOUTHEAST FLORIDA AQUATIC PRESE  
RVES, INC.

Principal Place of Business

1801 S.E. HILLMOOR DR., STE. C-204  
PORT ST. LUCIE FL 34952

Mailing Address

1801 S.E. HILLMOOR DR., STE. C-204  
PORT ST. LUCIE FL 34952-7551

3. Date Incorporated or Qualified  
06/25/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, PATRICIA L  
1801 S.E. HILLMOOR DR., STE. C-204  
PORT ST. LUCIE FL 34952

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BAKER, RICHARD  
STREET ADDRESS 200 9TH STREET SE  
CITY-ST-ZIP VERO BEACH FL 32962

TITLE DP  
NAME PROCTOR, BRIAN  
STREET ADDRESS 1801 S.E. HILLMOOR DR., STE. C-204  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE DPE  
NAME DAY, ROBERT  
STREET ADDRESS 1900 S. HARBOR CITY BLVD.  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE DT  
NAME LANDRUM, RICHARD  
STREET ADDRESS 2648 SW MAPP ROAD  
CITY-ST-ZIP PALM CITY FL 34990

TITLE DS  
NAME SCOTTO, LIBERTA  
STREET ADDRESS P.O. BOX 1529 N/A  
CITY-ST-ZIP PALM CITY FL 34991

TITLE D  
NAME WEINER, ROBERT  
STREET ADDRESS 510 E. PRIMA VISTA BLVD.  
CITY-ST-ZIP PORT ST. LUCIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCC 4-30-97

4-29-97

Daytime Phone # 0071037

CR2E037 (9/96)



# Department of Environmental Protection

Lawton Chiles  
Governor

1801 SE Hillmoor Dr. Suite C204  
Port St. Lucie, FL 34952

Virginia B. Wetherell  
Secretary

Sammy Caldwell  
Dept. of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Dear Sammy:

Enclosed is the 1997 annual report for our Citizen Support Organization (CSO) associated with our aquatic preserve program (FDEP/DMR/CAMA). We received incorporation in June of 1996, but have not completed 501(c)(3) non-profit status. Also, we have not applied for an FEI number, but will do so in the near future. We presently have no formal membership and therefore have not received any funds.

Sincerely,

  
Jeffrey L. Beal  
Southeast Florida Aquatic Preserves

(In accordance with SECTION 258.015 F.S.)  
Per Conversation w/ Jeffrey L. Beal  
SCC.

enc.