


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90314 046 ****70.00

| | | | |
|---|--|---|--|
| DOCUMENT # N97000002108 | |  | |
| 1. Entity Name SEA TURTLE CONSERVATION LEAGUE OF SINGER ISLAND, INC. | | | |
| Principal Place of Business 19865 EARLWOOD DRIVE JUPITER FL 33458 | | Mailing Address 19865 EARLWOOD DRIVE JUPITER FL 33458 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-0751791 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SOBEL, DEBRA 19865 EARLWOOD DRIVE JUPITER FL 33458 | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SOBEL, DEBRA 19865 EARLWOOD DRIVE JUPITER FL 33458 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Dick Marshall 17402 Brian Way Jupiter, FL. 33478 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD LORING, DONNA L 5380 N. OCEAN DR, #21-H SINGER ISLAND FL 33404 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MARSHALL, PAM 17402 BRIAN WAY JUPITER FL 33478 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T ATTERBURY, ELIZABETH E 5393 PENNOCK POINTE JUPITER FL 33458 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S MARCHMAN, HELEN 1233 12TH COURT JUPITER FL 33477 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LOWRY N, MARIA C 6779 W INDIANTOWN ROAD JUPITER FL 33458 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I 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 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: *Debra L. Sobel* **Debra L. Sobel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561)
744-9876