


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90245 032 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
01052007 Chg-NP	CR2E037 (12/06)
4. FEI Number 65-0751791	Applied For Not Applicable
5. Certificate of Status Desired	 \$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	DATE

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOBEL, DEBRA	NAME	RICHARD MARSHALL
STREET ADDRESS	19865 EARLWOOD DRIVE	STREET ADDRESS	4131 ROSEWOOD AVE.
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	MALABAR, FL. 32950
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORING, DONNA L	NAME	
STREET ADDRESS	5380 N. OCEAN DR, #21-H	STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND, FL 33404	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, PAM	NAME	New Address
STREET ADDRESS	17402 BRIAN WAY	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33478	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATTERBURY, ELIZABETH E	NAME	
STREET ADDRESS	5393 PENNOCK POINTE	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHMAN, HELEN	NAME	SECRETARY
STREET ADDRESS	1233 12TH COURT	STREET ADDRESS	MARIANNE WIEGAND
CITY-ST-ZIP	JUPITER, FL 33477	CITY-ST-ZIP	5070 No. Ocean Dr. APT. 18-A
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWRY N. MARIA C	NAME	
STREET ADDRESS	6779 W INDIANTOWN ROAD	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
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SIGNATURE: <i>Debra L. Sobel</i>	1-5-07	(561) 744-9876
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>