

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

FILED

2008 JAN 11 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
65-0751791

Applied For  
Not Applicable

5. Certificate of Status Desired \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SOBEL, DEBRA  
19865 EARLWOOD DRIVE  
JUPITER, FL 33458

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOBEL, DEBRA 19865 EARLWOOD DRIVE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LORING, DONNA L 5380 N. OCEAN DR, #21-H SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, PAM 4131 ROSEWOOD AVE MALABAR, FL 32950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ATTERBURY, ELIZABETH E 5393 PENNOCK POINTE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIEGAND, MARIANNE 5070 NORTH OCEAN DR APT 18-A SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWRY N, MARIA C 6779 W INDIANTOWN ROAD JUPITER, FL 33458

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**DO NOT WRITE  
IN THIS SPACE**

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.

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

JAN. 7, 2008 (561) 744-9876  
Date Daytime Phone #