

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

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000006157

1. Entity Name

ANNA MARIA ISLAND TURTLE WATCH, INC.



Principal Place of Business

2213 AVE B
BRADENTON BEACH, FL 34217 US

Mailing Address

2213 AVE B
BRADENTON BEACH, FL 34217 US



03202008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0789979

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FOX, SUZI
2213 AVE B
BRADENTON BEACH, FL 34217

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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

Suzi Fox

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

(NOTE: Registered Agent signature required when resigning)

Suzi Fox

3/28/07

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 DP
NAME FOX, SUZI
STREET ADDRESS 2213 AVE B
CITY-STATE-ZIP BRADENTON BEACH, FL 34217

TITLE DVP
NAME STERBA, ED
STREET ADDRESS 513 68TH ST.
CITY-STATE-ZIP HOLMES BEACH, FL 34217

TITLE DS
NAME BASILIUS, DEBBIE
STREET ADDRESS 315 58TH ST
CITY-STATE-ZIP HOLMES BEACH, FL 34217

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U000000870708
04/09/08-80101-019 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07

DATE

941-778-51638

DAYTIME PHONE #