

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90025 029 ****61.25

DOCUMENT # N98000004984

1. Entity Name
INDIAN RIVER LAGOON ENVIROTHON, INC.



Principal Place of Business
210 ATLANTA AVE
STUART, FL 34994

Mailing Address
210 ATLANTA AVE
STUART, FL 34994

40098676



2. Principal Place of Business

780 SE Indian St

3. Mailing Address

780 SE Indian St.

Suite, Apt. #, etc.

Willoughby Crossroads

Suite, Apt. #, etc.

Willoughby Crossroads

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34997

Country

U.S.A.

Zip

34997

Country

U.S.A.

07062006

Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0940980

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMARTINA, KATHRYN
210 ATLANTA AVE
STUART, FL 34994

7. Name and Address of New Registered Agent

Name
LaMartina, Kathryn

Street Address (P.O. Box Number is Not Acceptable)
780 SE Indian St

Willoughby Crossroads

City
Stuart

FL

Zip Code
34997

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

Kathryn LaMartina Kathryn LaMartina Chairperson 7-5-06

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 September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
LAMARTINA, KATHRYN
210 ATLANTA AVE
STUART, FL 34994 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
UNDERWOOD, ELIZABETH
5400 ST. JAMES DR
PORT SAINT LUCIE, FL 34983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairperson
Kathryn LaMartina
780 SE Indian St.
Stuart, FL 34997 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Kathryn LaMartina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-06 (772) 223-2600 x3003
Date Daytime Phone #