


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000004984	
1. Entity Name INDIAN RIVER LAGOON ENVIROTHON, INC.	

Principal Place of Business 780 SE INDIAN ST WILLOUGHBY CROSSROADS STUART, FL 34997	Mailing Address 780 SE INDIAN ST WILLOUGHBY CROSSROADS STUART, FL 34997
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04102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0940980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAMARTINA, KATHRYN 780 SE INDIAN ST WILLOUGHBY CROSSROADS STUART, FL 34997
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**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000707087
04/24/07-80060-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, RICHARD 200 9 ST SE VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LAMARTINA, KATHRYN 780 SE INDIAN ST STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD UNDERWOOD, ELIZABETH 5400 ST. JAMES DR PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Kathryn Lamartina 4/10/07 772 233 2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #