2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # N98000004984

1. Entity Name
INDIAN RIVER LAGOON ENVIROTHON, INC.

Principal Place of Business	Mailing Address
780 SE INDIAN ST WILLOUGHBY CROSSROADS STUART, FL 34997	780 SE INDIAN ST WILLOUGHBY CROSSROADS STUART, FL 34997

01082008 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 ☐ **$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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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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02/14/08-80033-014 61.25

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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 1/31/08 772 223-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # x3603