## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 762010** 

Entity Name: FRIENDS OF THE ARTHUR R. MARSHALL LOXAHATCHEE

NATIONAL WILDLIFE REFUGE, INC.

**Current Principal Place of Business:** 

10216 LEE ROAD

BOYNTON BEACH, FL 33473

**Current Mailing Address:** 

P.O. BOX 6777

DELRAY BEACH, FL 33482 US

FEI Number: 59-2152926 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, ELINOR R 3101 LAKEVIEW BLVD DELRAY BEACH, FL 33445 US

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.

SIGNATURE: ELINOR R. WILLIAMS

03/12/2016

FILED Mar 12, 2016

**Secretary of State** 

CC8428067726

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title VP

NameWILLIAMS, ELINORNameCOLVARD, JUDYAddress3101 LAKEVIEW BLVDAddress918 EVE STREET

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33483

Title TREASURER Title SECRETARY

NameLURIE, DAVIDNameSTEINMULLER, LINDAAddress9607 ISLES CAY DRIVEAddress1264 TAMARIND WAYCity-State-Zip:DELRAY BEACH FL 33446City-State-Zip:BOCA RATON FL 33486

Title DIRECTOR Title DIRECTOR

NamePOULSON, TOMNameLANG, ANTHONYAddress318 MARLBERRY CIRCLEAddress14691 EDNA WAY

City-State-Zip: JUPITER FL 33458 City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR Title DIRECTOR

Name EISEN, HARVEY Name KRAMER, JEFF

Address 4022 HYTHE B Address 7028 DEMEDICI CIRCLE

City-State-Zip: BOCA RATON FL 33434 City-State-Zip: DELRAY BEACH FL 33446

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELINOR WILLIAMS

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/12/2016

Date

## Officer/Director Detail Continued:

Title DIRECTOR
Name LEE, HARVEY

Address 5585 MUNSEL LANE

104

City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR
Name LARCHE, KAY

Address 4953 PALM RIDGE BLVD
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name SIEGEL, JOHN
Address 6699 VIA ROMA

City-State-Zip: BOCA RATON FL 33446

Title DIRECTOR
Name WINOKUR, MIKE

Address 14371 EMERALD LAKE DRIVE City-State-Zip: DELRAY BEACH FL 33446 Title DIRECTOR

Name PATTERSON, CATHY

Address 1241 SW 27 PL

City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR
Name PAREDES, JAY

Address 5154 HERON COURT

City-State-Zip: COCONUT CREEK FL 33073

Title DIRECTOR

Name ROSS, WILLIAM

Address 229 CAPRI E

City-State-Zip: DELRAY BEACH FL 33484