

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749702** (7)
1. Corporation Name
MARTIN MEADOWS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 97-6172 **POST OFFICE BOX 97-6172**
STUART FL 34997 **STUART FL 34997**



2. Principal Place of Business 21 1274 NE Business Park A		2a. Mailing Address 26 PO Box 65		3. Date Incorporated or Qualified 11/07/1979		3a. Date of Last Report 02/27/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2580518		Applied For Not Applicable	
22 City & State Jensen Beach, FL		27 City & State Jensen Beach, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip 34957		28 Zip 34958		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country MARTIN		30 Country MARTIN		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

DAVIS, ERIC
5250 S.E. MEADOW SPRINGS BLVD.
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name **HEATON, DAVID**
82 Street Address (P.O. Box Number is Not Acceptable)
2123 SE MEADOW BROOK Rd
83
84 City **STUART, FL** 85 Zip Code **34997**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIKE, BOB	1.2 NAME	MC AREE, TIM
STREET ADDRESS	2244 SW MEADOW GLEN BLVD	1.3 STREET ADDRESS	5461 SE MEADOW SPRINGS BLVD
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIELSON, CHARLES	2.2 NAME	STRUM, HAROLD
STREET ADDRESS	2223 S.E. MEADOW BROOK ROAD	2.3 STREET ADDRESS	2224 SE MEADOW BROOK Rd
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEHRON, MICHAEL	3.2 NAME	GALLEGOS, MAX
STREET ADDRESS	5401 SE MEADOW SPRINGS BLVD	3.3 STREET ADDRESS	5564 SE MARTIN MEADOWS AVE
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATON, DAVID	4.2 NAME	
STREET ADDRESS	2123 SE MEADOW BROOK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STROUD, LARRY	5.2 NAME	Wilson, Scott
STREET ADDRESS	5121 S.E. MEADOW SPRINGS BLVD.	5.3 STREET ADDRESS	5501 SE MEADOW SPRINGS BLVD
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)