## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 13, 2005 8:00 am Secretary of State DOCUMENT # N00671 04-13-2005 90026 004 \*\*\*\*61.25 NAMI MARTIN COUNTY, INC. Principal Place of Business Mailing Address PO BOX 1082 STUART FL 34995-1082 P.O. BOX 1082 STUART FL 34995 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 59-2444160 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name → TAYLOR, THOMAS R Street Address (P.O. Box Number is Not Acceptable) 1950 PALM CITY ROAD #1104 STUART FL 34994 City Zip Code 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE TITLE Change ☐ Addition ☐ Delete TAYLOR, THOMAS R NAME 1950 PALM CITY RD APT 1104 STREET ADDRESS STREET ADDRESS STUART FL 34994 CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition TAYLOR, MARGARET E NAME NAME 1950 PALM CITY ROAD APT 1104 STREET ADDRESS STREET ADDRESS STUART FL 34994 CITY-ST-ZIP CITY-ST-ZIP TITLE XX Delete □ Change — □ Addition-BRENNAN, JUDITH NAME 1703 NE ARCH AVENUE STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete KRUMME, LEAH NAME NAME 2995 SE ASTER LANE B-106 STREET ADDRESS STREET ADDRESS STUART FL 34994 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE PD Delete John J. Morgan JR. 8329 SE Double Tree Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sound PL 33455 Vice Plasident □ Delete TITLE ☐ Change ☐ Addition FITLE NAME NAME Michael Lowenstein STREET ADDRESS 567 NW AZING AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 5h Lucie PC 34983

12. I 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 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: YPED OR PRINTED NAME OF SIGNAY OFFICER OR DIRECTOR

**FILED**