


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 18, 2008 8:00 am  
Secretary of State

03-18-2008 90016 031 \*\*\*\*61.25

<b>DOCUMENT # N07000000840</b> 1. Entity Name <b>THE MARTIN MASTER PROPERTY OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>1101 CHANNELSIDE DR SUITE 240 TAMPA, FL 33602</b>			Mailing Address <b>1101 CHANNELSIDE DR SUITE 240 TAMPA, FL 33602</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>MUSCA, DANIEL G ESQ 12004 RACE TRACK RD TAMPA, FL 33626</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT STOLTENBERG, KEN 1101 CHANNELSIDE DR SUITE 240 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BOMBEECK, FRANK 1101 CHANNELSIDE DR SUITE 240 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCALF, DON 1101 CHANNELSIDE DR SUITE 240 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>F. Bombbeck Director</u>		<u>3/13/08</u>		<u>813-864-4200</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone</small>	

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03132008 Chg-NP CR2E037 (12/06)

4. FEI Number **20-8302221** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required