

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

1995

7-19-95 15-7826 C

DOCUMENT # **N20079**

(2)

1. Corporation Name

**MARTIN COMMONS PROPERTY OWNERS' ASSOCIATION, INC**

**FILED**  
95 JUL 19 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 17 MARTIN L. KING JR. BLVD. P.O. BOX 106 STUART FL 34995-7106	Mailing Address 17 MARTIN L. KING JR. BLVD. P.O. BOX 106 STUART FL 34995-7106
--	--

3. Date Incorporated or Qualified <b>04/10/1987</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0031564</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip
24 Country	25 Country
29 Country	30 Country

9. Name and Address of Current Registered Agent

**THURLOW, THOMAS H., JR.**  
17 MARTIN L. KING JR. BLVD.  
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERKEY, JON H
STREET ADDRESS	1760 S TELEGRAPH RD #300
CITY-ST-ZIP	BLOOMFIELD HILLS MI
TITLE	VD
NAME	DENLER, WILLIAM J., II
STREET ADDRESS	1760 S TELEGRAPH RD #300
CITY-ST-ZIP	BLOOMFIELD HILLS MI
TITLE	STD
NAME	HANNETT, JOHN L.
STREET ADDRESS	1760 S TELEGRAPH RD #300
CITY-ST-ZIP	BLOOMFIELD HILLS MI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jon H. Berkey	
1.3 STREET ADDRESS	1750 S. Telegraph Rd., #107	
1.4 CITY-ST-ZIP	Bloomfield Hills, MI 48302	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ronny Nelson	
2.3 STREET ADDRESS	5601 Sunshine Farms Way S.	
2.4 CITY-ST-ZIP	Palm City, FL 34990	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William J. Smith	
3.3 STREET ADDRESS	5301 S W Sunshine Farms Way	
3.4 CITY-ST-ZIP	Palm City, FL 34990	
4.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David Cordier	
4.3 STREET ADDRESS	5302 Sunshine Farms Way S.	
4.4 CITY-ST-ZIP	Palm City FL 34990	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kimberly Abrahamovich	
5.3 STREET ADDRESS	5182 S.W. Sunshine Farms Way	
5.4 CITY-ST-ZIP	Palm City, FL 34990	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 registered or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **7/19/95** DAYTIME PHONE # \_\_\_\_\_