

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N20079** (2)

1. Corporation Name
MARTIN COMMONS PROPERTY OWNERS' ASSOCIATION, INC



Principal Place of Business Mailing Address
**17 MARTIN L. KING JR. BLVD.
P.O. BOX 106
STUART FL 34996-7106**

3. Date Incorporated or Qualified **04/10/1987** 3a. Date of Last Report **07/19/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0031564	Applied For <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THURLOW, THOMAS H., JR. 17 MARTIN L. KING JR. BLVD. STUART FL 34994		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL 85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERKEY, JON H	1.2 NAME	JEFF TOLLEY
STREET ADDRESS	1750 S. TELEGRAPH RD., #107	1.3 STREET ADDRESS	5301 SUNSHINE FARMS WAY
CITY-ST-ZIP	BLOOMFIELD HILLS FL 481	1.4 CITY-ST-ZIP	PALM CITY FL 34990
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, RONNY	2.2 NAME	TONY DIOLEMANTE
STREET ADDRESS	5601 SUNSHINE FARMS WAY S	2.3 STREET ADDRESS	5602 SUNSHINE FARMS WAY
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	PALM CITY FL 34990
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, WILLIAM J	3.2 NAME	SANDI TOLLEY
STREET ADDRESS	5301 SW SUNSHINE FARMS WAY	3.3 STREET ADDRESS	5301 SUNSHINE FARMS WAY
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	PALM CITY FL 34990
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDIER, DAVID	4.2 NAME	DAVID COEDIGER
STREET ADDRESS	5302 SUNSHINE FARMS WAY S	4.3 STREET ADDRESS	5302 SUNSHINE FARMS WAY
CITY-ST-ZIP	PALM CITY FL	4.4 CITY-ST-ZIP	PALM CITY FL 34990
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRAHAMOVICH, KIMBERLY	5.2 NAME	PAUL NASSAR
STREET ADDRESS	5182 SW SUNSHINE FARMS WAY	5.3 STREET ADDRESS	130X 1411
CITY-ST-ZIP	PALM CITY FL	5.4 CITY-ST-ZIP	PALM CITY FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Sandra L Tolley Dir Sec. Date: 4/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)