


FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20079 (2)**

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



Principal Place of Business <b>17 MARTIN L. KING JR. BLVD. P.O. BOX 106 STUART FL 34995-7106</b>	Mailing Address <b>17 MARTIN L. KING JR. BLVD. P.O. BOX 106 STUART FL 34995-0106</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/10/1987</b>	3a. Date of Last Report <b>05/01/1996</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 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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		11. DELETED	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BERKEY, JON H</b>	NAME	<b>TOLLEY, SANDI</b>
STREET ADDRESS	<b>1750 S. TELEGRAPH RD., #107</b>	STREET ADDRESS	<b>5301 SUNSHINE FARMS WAY</b>
CITY-ST-ZIP	<b>BLOOMFIELD HILLS FL</b>	CITY-ST-ZIP	<b>PALM CITY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	TITLE	<b>VT</b> <input type="checkbox"/> DELETE
NAME	<b>DICLEMENTE, TONY</b>	NAME	<b>CORDIER, DAVID</b>
STREET ADDRESS	<b>5602 SUNSHINE FARMS WAY</b>	STREET ADDRESS	<b>5302 SUNSHINE FARMS WAY S</b>
CITY-ST-ZIP	<b>PALM CITY FL</b>	CITY-ST-ZIP	<b>PALM CITY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>NASSAR, PAUL</b>	NAME	<b>TOLLEY, JEFF</b>
STREET ADDRESS	<b>BOX 1411 NA</b>	STREET ADDRESS	<b>5301 SUNSHINE FARMS WAY</b>
CITY-ST-ZIP	<b>PALM CITY FL</b>	CITY-ST-ZIP	<b>PALM CITY FL</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>P</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>M.R. NELSON</b>
3.3 STREET ADDRESS	<b>5502 SUNSHINE FARMS WAY</b>
3.4 CITY-ST-ZIP	<b>PALM CITY FL 34990</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D NICK FIORELLA</b>
6.3 STREET ADDRESS	<b>SUNSHINE FARMS WAY</b>
6.4 CITY-ST-ZIP	<b>PALM CITY FL 34990</b>

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 a 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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_ P.D.C. 4-10-97 E(2)-3360052

CR2E037 (9/96)