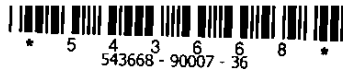


FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90178 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20079
 1. Corporation Name
MARTIN COMMONS PROPERTY OWNERS' ASSOCIATION, INC



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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 04/10/1987	4. FEI Number 65-0031564 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

8. 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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	P/D DICLEMENTE, TONY 5602 SUNSHINE FARMS WAY PALM CITY FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P/D
TITLE <input checked="" type="checkbox"/> DELETE	SD NELSON, M R 5502 SUNSHINE FARMS WAY PALM CITY FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S CLAY LAMBETH 5121 SUNSHINE FARMS WAY PALM CITY FL 34990
TITLE <input type="checkbox"/> DELETE	VT CORDIER, DAVID 5302 SUNSHINE FARMS WAY-S PALM CITY FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	F
TITLE <input checked="" type="checkbox"/> DELETE	D NASSAR, PAUL BOX 1411 NA PALM CITY FL	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V/D
TITLE <input checked="" type="checkbox"/> DELETE	D FIORELLA, NICK 5062 SUNSHINE FARMS WAY PALM CITY FL	5.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D TOM COX 5061 SUNSHINE FARMS WAY PALM CITY FL 34990
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *David W Cordier* 4/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DAVID W CORDIER**
 561-286-2388
Daytime Phone #