2001 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # N20079** 1. Entity Name MARTIN COMMONS PROPERTY OWNERS' ASSOCIATION, INC 04-27-2001 90380 041 ****61.25 Principal Place of Business Mailing Address 17 MARTIN L. KING JR. BLVD. 17 MARTIN L. KING JR. BLVD. P.O. BOX 106 P.O. BOX 106 STUART FL 34995-7106 STUART FL 34995-7106 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0031564 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) THURLOW, THOMAS H., JR. 17 MARTIN L. KING JR. BLVD. STUART FL 34994 Zip Code FI 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE DICLEMENTE, TONY NAME NAME 5301 SW SUNSHINE FARMS WAY 5602 SUNSHINE FARMS WAY STREET ADDRESS STREET ADDRESS PALM CITY FL-34990 CITY-ST-ZIP CITY-ST-ZIF PALM CITY FL Delete Change TITLE TITLE AUL_NASSAR LAMBETH, CLAY NAME NAME 5242 SW SUNSHINE FARMS WAY 5121 SUNSHINE FARMS WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 TITLE ☐ Delete TITLE CORDIER, DAVID NAME NAME CORDIER 5302 SUNSHINE FARMS WAY S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY FL CITY-ST-ZIP TITLE Delete TITLE AMES GREEN NASSAR, PAUL NAME NAME 5/21 SW SUNSHINE FARMS WHY **BOX 1411 NA** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF PALM CITY FL LM CITY FL 34990 Delete TITI F COX, TOM SCOTT_BAVIS NAME NAME **5061 SUNSHINE FARMS WAY** 2120 SW SUNSHINE FARMS WHY STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP PALM CITY FL 34990 TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 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.

SIGNATURE: SIGNATURE AND TYPED DAME OF STONING OFFICE TO PROFESSION 4/23/01 56/34/180/