

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 22, 2008
Secretary of State**

DOCUMENT# N20079

Entity Name: MARTIN COMMONS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5061 SW SUNSHINE FARMS WAY
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

5121 SW SUNSHINE FARMS WAY
PALM CITY, FL 34990

New Mailing Address:

5061 SW SUNSHINE FARMS WAY
PALM CITY, FL 34990

FEI Number: 65-0031564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, JAMES L
5121 SW SUNSHINE FARMS WAY
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: GREEN, JAMES
Address: 5301 SW SUNSHINE FARMS WAY
City-St-Zip: PALM CITY, FL 34990

Title: VD () Delete
Name: NASSAR, PAUL
Address: 5242 SW SUNSHINE FARMS WAY
City-St-Zip: PALM CITY, FL 34990

Title: SD () Delete
Name: COX, THOMAS
Address: 5061 SUNSHINE FARMS WAY S
City-St-Zip: PALM CITY, FL 34990

Title: PD () Delete
Name: DAVIS, SCOTT
Address: 2120 SW SUNSHINE FARMS WAY
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. GREEN

TD

01/22/2008

Electronic Signature of Signing Officer or Director

Date