

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 19 AM 10:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N42841 (9)
7. Corporation Name
MARTIN COMMONS PHASE TWO PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
% THURLOW & SMITH PA **% THURLOW & SMITH PA**
17 MARTIN L KING JR BLVD **17 MARTIN L KING JR BLVD**
STUART FL 34994 **STUART FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
04/04/1991 **05/01/1994**
4. FBI Number Applied For
65-0336377 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country	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
		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

THURLOW JR, THOMAS
% THURLOW & SMITH PA
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERKEY, JON H. 1760S. TELEGRAPH RD #300 BLOOMFIELD HILLS MI	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jon H. Berkey 1750 S. Telegraph Rd., #107 Bloomfield Hills, MI 48302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DENLER, WILLIAM J., II 1760 S. TELEGRAPH RD 300 BLOOMFIELD HILLS MI	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD Hugh Greenberg 27430 Fairway Hills Drive Franklin, MI 48025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HANNETT, JOHN L. 1760 S. TELEGRAPH RD 300 BLOOMFIELD HILLS MI	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DS Anthony A. Yezbick 1750 S. Telegraph Rd., #107 Bloomfield Hills, MI 48302
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Mark McNabb 4151 S.W. Sundown Lane Palm City, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Martin Naftal P.O. Box 1288 Palm City, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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 omitted attachment with an address.

SIGNATURE: Date: **7/19/95** Type in Name #