

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N42841 (9)**

1. Corporation Name

**MARTIN COMMONS PHASE TWO PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

% THURLOW & SMITH PA  
17 MARTIN L KING JR BLVD  
STUART FL 34994

% THURLOW & SMITH PA  
17 MARTIN L KING JR BLVD  
STUART FL 34994

3. Date Incorporated or Qualified

04/04/1991

3a. Date of Last Report

07/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0336377

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THURLOW JR, THOMAS  
% THURLOW & SMITH PA  
17 MARTIN L KING JR BLVD  
STUART FL 34994

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKEY, JON H.	1.2 NAME	
STREET ADDRESS	1750 S TELEGRAPH RD., #107	1.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, HUGH	2.2 NAME	
STREET ADDRESS	27430 FAIRWAY HILLS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN MI	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEZBICK, ANTHON A	3.2 NAME	
STREET ADDRESS	1750 S. TELGRAPH RD., #107	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNABB, MARK	4.2 NAME	
STREET ADDRESS	4151 SW SUNDOWN LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAFTAL, MARTIN	5.2 NAME	
STREET ADDRESS	P. O. BOX 1288	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon H. Berkey

4/30/96 (810) 332-2100

Date

Daytime Phone #

CR2E037 (12/95)