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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N42841**

1. Corporation Name

MARTIN COMMONS PHASE TWO PROPERTY OWNERS' ASSOCIATION, INC.

528949 - 90063 - 1 /

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/04/1991

22 City & State

27 City & State

4. FEI Number
 65-0336377

Applied For
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

TITLE PTD DELETE
 NAME BERKEY, JON H.
 STREET ADDRESS 1750 S TELEGRAPH RD., #107
 CITY-ST-ZIP BLOOMFIELD HILLS MI

1.1 TITLE PTD Change Addition
 1.2 NAME Berkey, Jon H.
 1.3 STREET ADDRESS 1700 N. Woodward Ave., St. 101
 1.4 CITY-ST-ZIP Bloomfield Hills, MI 48304

TITLE VD DELETE
 NAME GREENBERG, HUGH
 STREET ADDRESS 27430 FAIRWAY HILLS DRIVE
 CITY-ST-ZIP FRANKLIN MI

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DS DELETE
 NAME YEZBICK, ANTHONY
 STREET ADDRESS 1750 S. TELGRAPH RD., #107
 CITY-ST-ZIP BLOOMFIELD HILLS MI

3.1 TITLE DS Change Addition
 3.2 NAME Yezbick, Anthony
 3.3 STREET ADDRESS 1700 N. Woodward Ave., St. 101
 3.4 CITY-ST-ZIP Bloomfield Hills, MI 48304

TITLE D DELETE
 NAME MCNABB, MARK
 STREET ADDRESS 4151 SW SUNDOWN LANE
 CITY-ST-ZIP PALM CITY FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D DELETE
 NAME NAFTAL, MARTIN
 STREET ADDRESS P. O. BOX 1288 N/A
 CITY-ST-ZIP PALM CITY FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1999

(248) 593-6460

Date

Daytime Phone #

CR2E037 (1/98)