
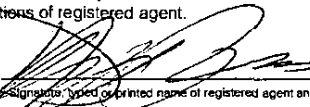
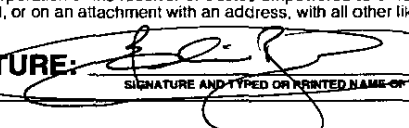


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90008 035 ****61.25

DOCUMENT # N42841			
1. Entity Name MARTIN COMMONS PHASE TWO PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O CORNETT, GEORGE ROSS & EARLE 401 E. OSCEOLA ST STUART, FL 34994		Mailing Address C/O CORNETT, GEORGE ROSS & EARLE 401 E. OSCEOLA ST STUART, FL 34994	
2. Principal Place of Business ROSS EARLE BONAN PA Suite, Apt. #, etc. 159 S. FEDERAL HWY SUITE 212		3. Mailing Address PO BOX 2401 Suite, Apt. #, etc.	
City & State STUART FL		City & State STUART FL	
Zip 34994	Country USA	Zip 34995	Country USA
6. Name and Address of Current Registered Agent ROSS, DEBORAH L ESQ CORNETT GOUGE ROSS & EARLE PA 401 EAST OSCEOLA ST STUART, FL 34994		7. Name and Address of New Registered Agent Name DEBORAH L ROSS ESQ Street Address (P.O. Box Number is Not Acceptable) 159 S. FEDERAL HIGHWAY SUITE 212 City STUART FL Zip Code 34994	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DEBORAH L. ROSS DATE 3/8/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, GEOFFREY 4150 SW SUN DOWN LANE PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICARO, MARIA 5606 SW HONEY TER PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUSHMAN, CRAIG 5654 SW MARTIN COMMONS WAY PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERRIOS, EDWIN 5603 SW MARTIN COMMONS WAY PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASURE, RITA 4100 SW SUNDOWN LANE PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  EDWIN BERRIOS		Date 3/24/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	