


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 1998 8:00am
Secretary of State**

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N93000005394 (2)
1. Corporation Name

MARTIN HOUSING ALLIANCE, INCORPORATED



| | |
|--|--|
| Principal Place of Business 2307 S.E. MONTEREY RD. STUART FL 34996 | Mailing Address 2307 S.E. MONTEREY RD. STUART FL 34996 |
|--|--|

3. Date Incorporated or Qualified
11/22/1993

| | | |
|------------------------------------|---|---|
| 4. FEI Number 65-0462958 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 Country | 25 Zip |
| 29 Country | 30 Zip |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOPKO, JAMES
2307 SE MONTEREY ROAD
STUART FL 34996**

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOLL, WILLIAM | 1.2 NAME | |
| STREET ADDRESS | 10979 WETLAND WAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JENSEN BEACH FL 34957 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSE, ROBERT Z | 2.2 NAME | |
| STREET ADDRESS | 1450 SE BREWSTER PL. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL 34997 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIVIKOSKI, URHO | 3.2 NAME | |
| STREET ADDRESS | 12863 S. INDIAN RIVER DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JENSEN BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WAKEFIELD, LINDA | 4.2 NAME | |
| STREET ADDRESS | 714 AVENUE H | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT PIERCE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRAKEL, BARBARA J | 5.2 NAME | |
| STREET ADDRESS | 1033 S.E. 14TH STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAMIS, ROBERT E. | 6.2 NAME | |
| STREET ADDRESS | 4500 W. MIDWAY RD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT PIERCE FL | 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.

SIGNATURE *Linda Wakefield*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/98

561-468-5650

CR2E037 (10/97)