

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743767

**FILED**  
**Mar 23, 2017**  
**Secretary of State**  
**CC5919376709**

**Entity Name:** MARTIN COUNTY SPORTSMEN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

8415 SW BUSCH ST  
PALM CITY, FL 34990

**Current Mailing Address:**

P.O. BOX 1306  
STUART, FL 34995-1306

**FEI Number:** 59-1896620

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAHN, DAVID K  
5561 OLD MYSTIC CT.  
JUPITER, FL 33458 US

*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.*

**SIGNATURE:** DAVID K HAHN

03/23/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DOBIAZ, JAMES  
Address        3101 SW BICOPA PLACE  
City-State-Zip: PALM CITYU FL 34990

Title            DIRECTOR  
Name            HIBBS, CHARLES W  
Address        253 NORTH QUICK CIRCLE  
City-State-Zip: PORT ST LUCIE FL 34953

Title            TREASURER  
Name            HAHN, DAVID K  
Address        5561 OLD MYSTIC CT  
City-State-Zip: JUPITER FL 33458

Title            SECRETARY  
Name            AGUILAR, DAN  
Address        3680 SW RIVERS END WAY  
City-State-Zip: PALM CITY FL 34990

Title            VP  
Name            GLASS, BUBBA  
Address        1531 SE BERKSHIRE BLVD  
City-State-Zip: PORT ST. LUCIE FL 34952

Title            MEMBERSHIP DIRECTOR  
Name            YELLAND, JIM  
Address        4747 NW WINTER OAK COURT  
City-State-Zip: JENSEN BEACH FL 34957

Title            DIRECTOR  
Name            MORRIS, ROB  
Address        1782 SW EFFLAND AVE  
City-State-Zip: PALM CITY FL 34990

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID HAHN

**TREASURER**

03/23/2017

Electronic Signature of Signing Officer/Director Detail

Date