


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 712645 1. Entity Name ART ASSOCIATES OF MARTIN COUNTY, INC.	
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Principal Place of Business P O BOX 1191 STUART, FL 34995 US	Mailing Address P O BOX 1191 STUART, FL 34995 US
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1969607	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRELUND, MARSHA
3441 SE COURT DRIVE
STUART, FL 34997

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IN THIS SPACE**

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 Marsha Frelund Marsha Frelund 1/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TREVETHAN, CHRISTINE 10410 S OCEAN DRIVE # 506 JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DESANTIS, NORMA 2237 N.E. CENTER CIRCLE JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRELUND, MARSHA 3441 SE COURT DR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEISSNER, PEG 906 FLAMINGO AVENUE STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, RUTH THE PLAZA, 1700 NE IND RIVER DR JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000812270
02/12/08-80040-003 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marsha Frelund Marsha Frelund 1/29/08 272-2944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #