2005 Annual Report

B 1 9 2

# DOCUMENT # 732171

1. Entity Name
REALTOR ASSOCIATION OF MARTIN COUNTY, INC.

FILED
05 JAN 10 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 43 SW MONTEREY RD<br>STUART, FL 34994 US | 43 SW MONTEREY RD<br>STUART, FL 34994 US |

09202004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 23-7438181 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MURPHY, MAUREEN<br>43 SW MONTEREY RD<br>STUART, FL 34994 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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.

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12/30/04--01013--004 **61.25

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | D<br>BURKHARDT, JUDY G<br>1100 SW MARTIN DOWNS BLVD<br>PALM CITY, FL 34990 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>DERRENBACKER, DAVE<br>811 SE OCEAN BLVD<br>STUART, FL 34994 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ABOOD, LEON<br>2 N SEWALLIS POINT RD.<br>STUART, FL 34996 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ABOOD, LEON T<br>2 N SEWALLS POINT RD<br>STUART, FL 34996 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>LOVETT, JENNIFER A<br>729 S. FEDERAL HWY SUITE 100<br>STUART, FL 34994 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ATKISSON-LOVETT, JENNIFER A<br>729 S FEDERAL HWY SUITE 100<br>STUART, FL 34994 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PE<br>WELLS, MARIA<br>312 W. OCEAN BLVD.<br>STUART, FL 34994 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>WELLS, MARIA S.<br>312 W OCEAN BLVD<br>STUART, FL 34994 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ARMOR, WM. DALE<br>815 COLORADO AVE, SUITE 101<br>STUART, FL 34994 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PE<br>ARMOR, W. DALE<br>815 COLORADO AVE SUITE 101<br>STUART, FL 34994 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHAMBERLAIN, JEFFREY<br>2504 SE WILLOUGHBY BLVD.<br>STUART, FL 34994 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>OSBURN, STEPHEN<br>585 NE OCEAN BLVD<br>STUART, FL 34996 | ☐ Change ☒ 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:** Maureen Murphy 12/27/04 772-283-1748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

per Dawn T Mitchell