


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 732171 1. Entity Name REALTOR ASSOCIATION OF MARTIN COUNTY, INC.	
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Principal Place of Business 43 SW MONTEREY RD STUART, FL 34994 US	Mailing Address 43 SW MONTEREY RD STUART, FL 34994 US
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02172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7438181	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MITCHELL, DAWN T 43 SW MONTEREY RD STUART, FL 34994

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000447913 03/08/06-00076-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DERRENBACHER, DAVE G 811 SE OCEAN BLVD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLMES, WILLIAM P 2048 SE FEDERAL HWY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE ATKISSON-LOVETT, JENNIFER A 729 S. FEDERAL HWY SUITE 100 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, MARIA S 312 W. OCEAN BLVD. STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMOR, W. DALE 310 WEST 1ST STREET, SUITE 101 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MURPHY, DAWN T 43 SW MONTEREY ROAD STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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: <u><i>Dawn Mitchell</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>2/22/2006</u> Date	<u>772-283-1748</u> Daytime Phone #
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Dawn Mitchell