2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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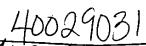
			•	•	red 21,	2 000 0:00	
DOCUMENT # 732171 1. Entity Name REALTOR ASSOCIATION OF MARTIN COUNTY, INC.					Secretary of State 02-21-2008 90017 044 ****61.25		
Principal Plac 43 SW MONT STUART, FL	EREY RD	Mailing Address 43 SW MONTEREY RD STUART, FL 34994	US		X.		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		0212	2008 Chg-NP	CR2E037 (12/06)	
City & State	9	City & State			Number 3-7438181		pplied For ot Applicable
Zip	Country	Zip	Country	5 . Ce	tificate of Status Desire	sd See Require	
	6. Name and Address of Current	Registered Agent		7. Naı	ne and Address of Ne	w Registered Agent	
			Name				
MITCHELL 43 SW MO STUART, I	NTEREY RD		Street A	ddress (P.O. Box	Number is Not Accept	able)	
			City			FL Zip Cod	le
	named entity submits this statement folions of registered agent.	or the purpose of changing its i	registered office or	registered agen	t, or both, in the State o	f Florida. I am familiar with,	and accept
CONTATUDE							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signatu	ure required when reins	ating)	DATE	
SIGNATURE .		9. Election Cam Trust Fund C	paign Financing		May Be	DATE	
_	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C	paign Financing ontribution.	\$5.00 Added t	May Be o Fees		<i>l</i> 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent Filling Fee is \$61.25	9. Election Cam Trust Fund C	paign Financing	\$5.00 Added t	May Be o Fees	DATE CERS AND DIRECTORS IN	√ 10 Addition
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DII P DERRENBACKER, DAVE G 735 COLORADO AVE STE 1	9. Election Cam Trust Fund C	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	\$5.00 Added t	May Be o Fees	ICERS AND DIRECTORS IN	
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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: Mutchell DAWN T

DAWN T. Mitchell

ATTACHMENT





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