

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90103 001 ****61.25

DOCUMENT # 732171

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



Principal Place of Business

**43 SW MONTEREY RD
STUART FL 34994
US**

Mailing Address

**43 SW MONTEREY RD
STUART FL 34994
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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
43 SW MONTEREY RD
STUART FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **PE** ☐ Delete
NAME **BURKHARDT, JUDY G**
STREET ADDRESS **1100 SW MARTIN DOWNS BLVD**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **P** ☒ Change ☐ Addition
NAME **BURKHARDT, JUDY G**
STREET ADDRESS **1100 SW MARTIN DOWNS BLVD**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☒ Delete
NAME **BRAY, RUTH**
STREET ADDRESS **1100 SW MARTIN DOWNS BLVD**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **PE** ☐ Change ☒ Addition
NAME **ABOOD, LEON**
STREET ADDRESS **2 N SEWALLS POINT RD**
CITY-ST-ZIP **STUART FL 34996**

TITLE **P** ☐ Delete
NAME **DUVALL, DEBRA G**
STREET ADDRESS **2 N SEWALLS POINT RD**
CITY-ST-ZIP **STUART FL 34996**

TITLE **D** ☒ Change ☐ Addition
NAME **DUVALL, DEBRA G**
STREET ADDRESS **2 N SEWALLS POINT RD**
CITY-ST-ZIP **STUART FL 34996**

TITLE **D** ☒ Delete
NAME **LAVIANO, VINCENT**
STREET ADDRESS **3174 SW MARTIN DOWNS BLVD**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **VP** ☐ Change ☒ Addition
NAME **WELLS, MARIA**
STREET ADDRESS **312 W OCEAN BLVD.**
CITY-ST-ZIP **STUART FL 34994**

TITLE **VP** ☒ Delete
NAME **MANN, SEAN E**
STREET ADDRESS **10859 S OCEAN DR**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **S/T** ☐ Change ☒ Addition
NAME **ARMOR, WM. DALE**
STREET ADDRESS **815 COLORADO AVE, SUITE 101**
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☒ Delete
NAME **LOCKE, CHARLES**
STREET ADDRESS **2363 SE FEDERAL HWY**
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Change ☒ Addition
NAME **CHAMBERLIN, JEFFREY**
STREET ADDRESS **2504 SE Willoughby Blvd.**
CITY-ST-ZIP **STUART FL 34994**

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.

(772)

SIGNATURE: **MAUREEN MURPHY** **2-12-03 283-1748**

CR2E037 (10/02)

90029250

Attachment # 732171

2003 LEADERSHIP TEAM

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