

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Candra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 04 1998 8:00am  
Secretary of State

DOCUMENT # **745757** (5)  
1. Corporation Name  
**MARTIN COUNTY GOLF AND COUNTRY CLUB, INC.**



Principal Place of Business Mailing Address  
**2000 SE ST LUCIE BLVD.  
STUART FL 34996**

3. Date Incorporated or Qualified  
**01/30/1979**

4. FEI Number **59-0976970**  
Applied For ☐ Not Applicable ☒

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRARY, LAWRENCE E III  
555 COLORADO AVE  
STUART FL 34994**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	<b>T</b>	<b>RAGLAND, ART</b>	<b>1896 NE MEDIA AVE</b>	<input type="checkbox"/>
		<b>JENSEN BEACH FL</b>		
	<b>V</b>	<b>BARBARA DAVIES</b>	<b>1028 GREENLAWN DR</b>	<input type="checkbox"/>
		<b>JENSEN BEACH FL</b>		
	<b>D</b>	<b>REIFF, LOUISE</b>	<b>711 SW SOUTH RIVER DR 207</b>	<input type="checkbox"/>
		<b>STUART FL</b>		
	<b>D</b>	<b>GONCZY, ROBERT</b>	<b>11055 SE FEDERAL HIGHWAY</b>	<input type="checkbox"/>
		<b>HOBE SOUND FL</b>		
	<b>T</b>	<b>ROBERT WACHA</b>	<b>485 ONYX WAY</b>	<input type="checkbox"/>
		<b>JENSEN BEACH FL</b>		
	<b>P</b>	<b>ROOS, NEAL</b>	<b>2340 NW PINELAKE DRIVE</b>	<input type="checkbox"/>
		<b>STUART FL</b>		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X Bob Wachacha** REQUIRED

CR2E037 (10/97)