

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 745757**

1. Corporation Name

**MARTIN COUNTY GOLF AND COUNTRY CLUB, INC.**

Principal Place of Business

**2000 SE ST LUCIE BLVD.  
STUART FL 34996**

Mailing Address

**2000 SE ST LUCIE BLVD.  
STUART FL 34996****FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90187 041 \*\*\*\*61.25

0075658



2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

27

Zip

Country

28

29

30

3. Date Incorporated or Qualified

**01/30/1979**

4. FEI Number

**59-0976970**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 **T** ☐ DELETENAME **RAGLAND, ART**  
STREET ADDRESS **1896 NE MEDIA AVE**  
CITY-ST-ZIP **JENSEN BEACH FL**TITLE **V** ☒ DELETENAME **BARBARA DAVIES**  
STREET ADDRESS **1028 GREENLAWN DR**  
CITY-ST-ZIP **JENSEN BEACH FL**TITLE **D** ☒ DELETENAME **REIFF, LOUISE**  
STREET ADDRESS **711 SW SOUTH RIVER DR 207**  
CITY-ST-ZIP **STUART FL**TITLE **D** ☐ DELETENAME **GONCZY, ROBERT**  
STREET ADDRESS **11055 SE FEDERAL HIGHWAY**  
CITY-ST-ZIP **HOBE SOUND FL**TITLE **T** ☒ DELETENAME **ROBERT WACHA**  
STREET ADDRESS **485 ONYX WAY**  
CITY-ST-ZIP **JENSEN BEACH FL**TITLE **P** ☐ DELETENAME **ROOS, NEAL**  
STREET ADDRESS **2340 NW PINELAKE DRIVE**  
CITY-ST-ZIP **STUART FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**T****DOT MARITZ****8175 SE Fox Hill Place****Hobe Sound 33455**☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**VP****Joel Pyle****PO Box 1405****Stuart Fl. 34995**☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**S****Diane O'Riordan****6737 Yorktown Drive****Hobe Sound Fl. 33455**☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**P****Robert Gonczy****11055 SE Federal Hwy.****Hobe Sound Fl 33455**☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**D****Ken Baumler****3230 SE Gran VTA Way****Stuart Fl 34994**☐ Change ☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D****Neal Roos****2340 NW Pinelake Dr.****Stuart Fl. 34997**☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (1/98)