

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 13, 2006
Secretary of State

DOCUMENT# 745757

Entity Name: MARTIN COUNTY GOLF AND COUNTRY CLUB, INC.**Current Principal Place of Business:**2000 SE ST LUCIE BLVD.
STUART, FL 34996**New Principal Place of Business:****Current Mailing Address:**2000 SE ST LUCIE BLVD.
STUART, FL 34996**New Mailing Address:****FEI Number:** 59-0976970**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PAWLUC, SONIA M
717 SE 5TH STREET
STUART, FL 34994 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SEC () Delete
Name: YEAGER, DIXIE
Address: 4530 SE BRIDGETOWN CT
City-St-Zip: STUART, FL 34997

Title: V, T () Delete
Name: SOKEL, ROBERT
Address: 7 BANYAN RD
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: HAYES, ROBERT
Address: 6531 SE FEDERAL HWY
City-St-Zip: STUART, FL 34997

Title: P () Delete
Name: RICE, JOHN
Address: PO 2012
City-St-Zip: STUART, FL 34995

Title: S () Delete
Name: RAYNES, ROBERT
Address: 1816 SW SPRINGFIELD CT
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: MCCARTNEY, MAC
Address: 2890 SE FAIRWAY AVE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KENNEY, TOM F
Address: 2118 NE GINGER TER
City-St-Zip: JENSEN BEACH, FL 34957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN RICE

P

09/13/2006

Electronic Signature of Signing Officer or Director

Date