2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2008 8:00 am Secretary of State

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DOCUMENT # 745757 1. Entity Name * MARTIN COUNTY GOLF AND COUNTRY CLUB, INC.						4-18-2008 90)036 029 **	***61.25	
-	nce of Business T LUCIE BLVD. . 34996	Mailing Address 2000 SE ST LUCIE BLVD STUART, FL 34996	SE ST LUCIE BLVD.		400	I EMI (EDAL DIN) AA	8181t 8121 9 181 918	III BIBN 91811181 AF 1831	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03252008 _C	hg-NP	CR2E037 (1	12/06)	
City & State		City & State	City & State		4. FEI Number 59-097697	70		Applied For Not Applicat	
Zip	Country	Zip	Country		5. Certificate of St	tatus Desired		75 Additional Required	
	6. Name and Address of Current	Registered Agent			7. Name and Add	iress of New Re	gistered Agen	it	
PAWLUC	, SONIA M		Narr	пе					
717 SE 51	, SONA M TH STREET FL 34994		Stree		P.O. Box Number is I	Not Acceptable))		_
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			City				FL.	Zip Code	_
the obliga	e named entity submits this statement for tions of registered agent.		-3.					a	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent si	ignatura required	when reinstating)		DATE		_
-	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor	oaign Financin	rg 🗆	\$5.00 May Be Added to Fees	'Florid	ke check pay da Departmen	nt of State	: N.
10.	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Camp Trust Fund Cor	paign Financin entribution.)g	<u> </u>	'Florid	ke check pay da Departmen	nt of State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor ECTORS Delete	paign Financin entribution.	P KEN	\$5.00 May Be Added to Fees	ES TO OFFICERS	ke check pay da Departmen	ORS IN 10	on
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

712-287-2274

Daytime Phone #