

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90063 037 \*\*\*\*61.25

**DOCUMENT # 749702**

1. Entity Name  
**MARTIN MEADOWS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
PO BOX 6012  
STUART, FL 34997 US

Mailing Address  
PO BOX 6012  
STUART, FL 34997 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-2580518

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

HEATON, DAVID L  
2123 SE MEADOWBROOK RD  
STUART, FL 34997

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

DAVID L. HEATON PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

3/30/07

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 P ☐ Delete  
NAME HEATON, DAVID  
STREET ADDRESS 2123 SE MEADOW BROOK RD.  
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME FRYER, LARRY  
STREET ADDRESS 5541 MEADOW SPRINGS BLVD  
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME HAGAN, JOE  
STREET ADDRESS 5381 SE MEADOWSPRINGS BLVD  
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME ANANIA, JOAN  
STREET ADDRESS 5580 SE MEADOW SPRINGS BLVD.  
CITY-ST-ZIP STUART, FL 34997

TITLE TD ☐ Change ☒ Addition  
NAME KEVIN REYNOLDS  
STREET ADDRESS 5601 S.E. MEADOWSPRINGS BLVD.  
CITY-ST-ZIP STUART, FLORIDA 34997

TITLE SD ☐ Delete  
NAME PIKE, JAMES  
STREET ADDRESS 5600 SE MEADOWSPRINGS BLVD  
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ATD ☒ Delete  
NAME MOORE, ROBERT  
STREET ADDRESS 5505 SE MARTIN MEADOWS AVE  
CITY-ST-ZIP STUART, FL 34997

TITLE ATD ☐ Change ☒ Addition  
NAME ROBERT KUTAWA  
STREET ADDRESS 5501 S.E. MEADOWSPRINGS BLVD.  
CITY-ST-ZIP STUART, FLORIDA 34997

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:

DAVID L. HEATON

3/30/07

772-288-5758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #