

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753403

FILED
Jun 26, 2009
Secretary of State

Entity Name: INTERGROUP OF MARTIN COUNTY, INC.

Current Principal Place of Business:

828 SE DIXIE HWY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

828 SE DIXIE HWY
STUART, FL 34994

New Mailing Address:

FEI Number: 59-2090469 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MACNER, FRANCIS J
7380 S OCEAN DR APT 220
JENSEN BEACH, FL 34957 US

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: TD () Delete
Name: MACNER, FRANCIS J
Address: 7380 S OCEAN DR, APT 220
City-St-Zip: JENSEN BEACH, FL 34957

Title: CD () Delete
Name: SIMPSON, DALE
Address: 1535 SE TIDEWATER PLACE
City-St-Zip: STUART, FL 34997

Title: ASD () Delete
Name: POSTLE, MAUREEN
Address: 3541 NE MELBA DR
City-St-Zip: JENSEN BEACH, FL 34957

Title: SD () Delete
Name: SITES, SD RUSS
Address: 830 LIGHTHOUSE DR
City-St-Zip: PALM CITY, FL 34990

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:

I hereby certify that the information supplied with this filing does not qualify 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: FRANCIS J MACNER

TD

06/26/2009

Electronic Signature of Signing Officer or Director

Date