FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Mar 17, 1999 8:00 am**
**Secretary of State**
03-17-1999 90118 024 ****61.25

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DOCUMENT # 765702

1. Corporation Name

MARTIN COUNTY TAXPAYER'S ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 310 WEST 1ST STREET<br>P.O. BOX 741<br>STUART FL 34995-7741 | 310 WEST 1ST STREET<br>P.O. BOX 741<br>STUART FL 34995-7741 |

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt #, etc (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 11/09/1982

4. FEI Number: 59-2652292 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

SUNDHEIM JR, FREDERICK G
310 WEST 1ST STREET
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | VPD | ☐ DELETE | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | FRANK WACHA JR | | 12 NAME | | |
| STREET ADDRESS | P O BOX 1610 N/A | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | JENSEN BCH FL 34958 | | 14 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | WESTERFIELD, SHERRY | | 22 NAME | | |
| STREET ADDRESS | 4522 SW BIMINI CIR | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM CITY FL | | 24 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | VALLE, ROBERT | | 32 NAME | | |
| STREET ADDRESS | 5010 BURNING TREE CIRCLE | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL | | 34 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | | |
| STREET ADDRESS | | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | |

CR2E037 (11/98)

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:** Sherry Westfield 3/12/99 561-287-6818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #