

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765702

1. Entity Name

MARTIN COUNTY TAXPAYER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

310 WEST 1ST STREET
P.O. BOX 741
STUART FL 34995-7741

310 WEST 1ST STREET
P.O. BOX 741
STUART FL 34995-7741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2652292

Applied For

Not Applicable

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

SUNDHEIM JR, FREDERICK G
310 WEST 1ST STREET
STUART FL 34994

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FRANK WACHA JR
STREET ADDRESS P O BOX 1610 N/A
CITY-ST-ZIP JENSEN BCH FL 34958 ☐ Delete

TITLE
NAME DAVIS ROHL ☒ Change ☐ Addition
STREET ADDRESS 8944 SE Pelican Way
CITY-ST-ZIP Hobbe Sound, FL 33455

TITLE VPD
NAME TAYLOR, PATRICIA
STREET ADDRESS 73 SW FLAGLER AVE
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE
NAME Richard Pragluski ☒ Change ☐ Addition
STREET ADDRESS 1000 S. Fed Hwy Suite 101
CITY-ST-ZIP Stuart, FL 34994

TITLE SD
NAME POWERS, BRAIN
STREET ADDRESS 1762 SW CRANE CREEK CIRCLE
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE
NAME deWinclet, Kathy ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP Palm City, FL 34990

TITLE TD
NAME VELASCO, ERNESTO
STREET ADDRESS 4426 SW BIMINI CIRCLE SOUTH
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 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

Kathy de Winclet 4/16/02

561-287-3513



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)