2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

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

04122006 No Chg-NP CR2E037 (11/05)

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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

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEWINDT, KATHY
STREET ADDRESS	4500 SW LA PALMONA DR
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	TD
NAME	WILLIAMS, JR., ROBERT L
STREET ADDRESS	6900 SE LILLIAN COURT
CITY-ST-ZIP	STUART, FL 34997
TITLE	VPD
NAME	PICKARD, DON
STREET ADDRESS	7781 SE LUCINDA LN
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	SD
NAME	GEISINGER, RICHARD C
STREET ADDRESS	1648 SE SAILFISH BLVD
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80127-004 61.25

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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: Kathy de Windt Kathy deWindt 4/13/06 772-287-3573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #