

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90169 019 ****61.25

DOCUMENT # 765702

1. Entity Name
MARTIN COUNTY TAXPAYER'S ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

**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

4. FEI Number **59-2652292**

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

**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. 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

FILE NOW: FEE IS \$61.25

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 **PD** ☐ Delete
NAME **ROHL, DAVID**
STREET ADDRESS **8944 SE PELICAN WAY**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **Rohl, Davis v.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **PRAGLUSKI, RICHARD**
STREET ADDRESS **1000 S FED HWY SUITE 101**
CITY-ST-ZIP **STUART FL 34994**

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **Kevin Henderson**
STREET ADDRESS **300 Colorado Ave**
CITY-ST-ZIP **Stuart, FL 34994**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **Robert L. Williams, Jr.**
STREET ADDRESS **6900 SE Lillian Court**
CITY-ST-ZIP **Stuart, FL 34997**

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: **David V. Rohl** **REQUIRE** **Davis V. Rohl** **4/10/03** **772-546-5295**

CR2E037 (10/02)