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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **767953** **(3)**

1. Corporation Name

**MARTIN DOWNS PROPERTY OWNERS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3545 SW CORPORATE PARKWAY<br>PALM CITY FL 34990 | 3545 SW CORPORATE PARKWAY<br>PALM CITY FL 34990-8152 |

3. Date Incorporated or Qualified: 04/14/1983
3a. Date of Last Report: 05/16/1996

2. Principal Place of Business
21 3501 S.W. Corporate Parkway
22 Suite, Apt. #, etc.
23 City & State: Palm City, FL 34990
24 Zip: 34990
25 Country:

2a. Mailing Address
26 3501 S.W. Corporate Parkway
27 Suite, Apt. #, etc.
28 City & State: Palm City, FL 34990
29 Zip: 34990
30 Country:

4. FEI Number: 59-2286865 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

FRY, STEPHEN
3547 SW CORPORATE PKWY
PALM CITY FL 34990

**10. Name and Address of New Registered Agent**

81 Name: Fry, Stephen
82 Street Address (P.O. Box Number is Not Acceptable): 3501 S.W. Corporate Parkway
83
84 City: Palm City **FL** 85 Zip Code: 34990

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 _____ 4/14/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | MAKO, JAMES L | | 1.2 NAME | Mako, James L. | |
| STREET ADDRESS | 3545 SW CORPORATE PARKWAY | | 1.3 STREET ADDRESS | 3501 S.W. Corporate Parkway | |
| CITY-ST-ZIP | PALM CITY FL 34990 | | 1.4 CITY-ST-ZIP | Palm City, FL 34990 | |
| TITLE | DST | ☐ DELETE | 2.1 TITLE | DST | ☒ Change ☐ Addition |
| NAME | ENGLISH, BETTY M | | 2.2 NAME | English, Betty M. | |
| STREET ADDRESS | 3545 SW CORPORATE PARKWA | | 2.3 STREET ADDRESS | 3501 S.W. Corporate Parkway | |
| CITY-ST-ZIP | PALM CITY FL | | 2.4 CITY-ST-ZIP | Palm City, FL 34990 | |
| TITLE | DP | ☐ DELETE | 3.1 TITLE | DP | ☒ Change ☐ Addition |
| NAME | FRY, STEPHEN | | 3.2 NAME | Fry, Stephen | |
| STREET ADDRESS | 3547 SW CORPORATE PKWY | | 3.3 STREET ADDRESS | 3501 S.W. Corporate Parkway | |
| CITY-ST-ZIP | PALM CITY FL | | 3.4 CITY-ST-ZIP | Palm City, FL 34990 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

14. I do 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.

**SIGNATURE:** SIGNATURE REQUIRED 4/14/97 561-286-0788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0071748