

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767953

1. Entity Name

MARTIN DOWNS PROPERTY OWNERS ASSOCIATION, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90090 002 ****61.25

Principal Place of Business	Mailing Address
3501 S.W. CORPORATE PARKWAY PALM CITY FL 34990 US	3501 S.W. CORPORATE PARKWAY PALM CITY FL 34990-8150 US

2. Principal Place of Business	3. Mailing Address
3545 SW Corporate Parkway	P. O. Box 1666
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Palm City, FL	Palm City, FL
Zip	Country
34990	USA

4. FEI Number	Applied For
59-2286865	Not Applicable

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

6. Name and Address of Current Registered Agent

FRY, STEPHEN
3501 S.W. CORPORATE PARKWAY
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
3399 PGA Blvd,		
Suite 450		
City	FL	Zip Code
Palm Beach Gardens,		33410

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

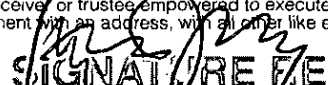
10. OFFICERS AND DIRECTORS

TITLE	DVP	☐ Delete
NAME	FELZ, JAMES	
STREET ADDRESS	4230 SW EGRET POND TERRACE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DST	☐ Delete
NAME	ENGLISH, BETTY M	
STREET ADDRESS	3501 S.W. CORPORATE PKWY	
CITY-ST-ZIP	PALM CITY FL	
TITLE	DP	☐ Delete
NAME	FRY, STEPHEN	
STREET ADDRESS	3501 S.W. CORPORATE PKWY	
CITY-ST-ZIP	PALM CITY FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	3399 PGA Blvd, Suite 450	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	3399 PGA Blvd, Suite 450	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-00

Date

561-630-6110

Daytime Phone #

CR2E037 (9/99)