# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 13, 2001 8:00 am**
**Secretary of State**
02-13-2001 90067 029 ****61.25

0084005

DOCUMENT # 767953

1. Entity Name

MARTIN DOWNS PROPERTY OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3545 S.W. CORPORATE PARKWAY<br>PALM CITY FL 34990<br>US | P.O. BOX 1666<br>PALM CITY FL 34991<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-2286865 ☐ 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 |
|---|---|
| BONAN, ELIZABETH P<br>CORNETT, GOOGE, ROSS & EARLE, P.A.<br>401 EAST OSCEOLA STREET<br>STUART FL 34994 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>FELZ, JAMES<br>4230 SW EGRET POND TERRACE<br>PALM CITY FL 34990 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>JAMES J. FELZ<br>3545 SW CORPORATE PARKWAY<br>PALM CITY, FL 34990 | XX Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>ENGLISH, BETTY M<br>3399 PGA BLVD, STE 450<br>PALM BEACH GARDENS FL 33410 | X Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE PRESIDENT<br>ERNEST PEIXOTTO<br>3545 SW CORPORATE PARKWAY<br>PALM CITY, FL 34990 | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>FRY, STEPHEN<br>3399 PGA BLVD, SUITE 450<br>PALM BEACH GARDENS FL 33410 | X Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>JANE MILLS<br>3545 SW CORPORATE PARKWAY<br>PALM CITY, FL 34990 | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER<br>EDWARD CARR<br>3545 SW CORPORATE PARKWAY<br>PALM CITY, FL 34990 | ☐ Change XX 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 |

CR2E037 (10/00)

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:** James J. Felz SIGNATURE REQUIRED 1/15/01 561-283-4746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #