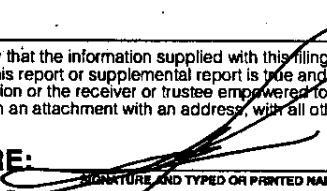


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90179 040 ****61.25

DOCUMENT # 767953 1. Entity Name MARTIN DOWNS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 3545 S.W. CORPORATE PARKWAY PALM CITY, FL 34990 US			Mailing Address P.O. BOX 1666 PALM CITY, FL 34991 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2286865	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BONAN, ELIZABETH P CORNETT, GOOGE, ROSS & EARLE, P.A. 401 EAST OSCEOLA STREET STUART, FL 34994				7. Name and Address of New Registered Agent Name BONAN, ELIZABETH P. Street Address (P.O. Box Number is Not Acceptable) ROSS EARLE & BONAN, P.A. 759 S. FEDERAL HIGHWAY, #212 City STUART FL Zip Code 34994	
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 ELIZABETH BONAN Signature, typed or printed name of registered agent and title if applicable.				DATE 4-15-04 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD FELZ, JAMES J ☒ Delete 3545 SW CORPORATE PARKWAY PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHELBY, RICHARD ☐ Change ☐ Addition 3545 SW CORPORATE PARKWAY PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICE, M. PAUL ☐ Delete 3545 SW CORPORATE PARKWAY PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAVES, ROBERT ☐ Delete 3545 SW CORPORATE PARKWAY PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANNIOZ, MARTIN ☐ Delete 3545 SW CORPORATE PARKWAY PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINS, MANUEL ☒ Change ☐ 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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4-1-04 Daytime Phone #	