

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90022 003 ****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
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50022748



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2286865	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BONAN, ELIZABETH P ROSS, EARLE & BONAN, P.A. 759 S. FEDERAL HWY #212 STUART, FL 34994	

7. Name and Address of New Registered Agent	
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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHELBY, RICHARD ☒ Delete 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	ST GRAVES, ROBERT ☐ Delete 3545 SW CORPORATE PARKWAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROHAN, DENNIS ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 exemptions contained in Chapter 119, 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: 	Date: 4/26/06	Daytime Phone #: 772-283-4746
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