## 2007 NOT-FOR-PROFIT CORPORATION

## May 07, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #767953** 05-07-2007 90066 013 \*\*\*\*61.25 MARTIN DOWNS PROPERTY OWNERS ASSOCIATION. 401017. Principal Place of Business Mailing Address 3545 S.W. CORPORATE PARKWAY P.O. BOX-1666 PALM CITY, FL 34990 US PALM CITY, FL 34991 US 3. Mailing Address 3228 SW Mar Lin Drwns 2. Principal Place of Business - No P.O. Box # 3228 SW MARTIN DOWN S Suite, Apt. #, etc. Suite, Apt. #, etc. 03092007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2286865 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 15A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BONAN, ELIZABETH P ROSS, EARLE & BONAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 759 S. FEDERAL HWY #212 STUART, FL 34994 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change PD TITLE ☐ Addition TITLE ☐ Delete ROHAN, DENNIS NAME 3228 5N MARTIN DOWNS BIRD, 45 STREET ADDRESS 9545 CW CORPORATE PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY, FL 34990 VPD TITLE ☐ Delete TITLE RICE, M. PAUL NAME NAME 3228 SN Martin Downs BlVd, #5 Palm City, FL 34990 3545 SW CORPORATE PARKWAY STREET ADDRESS STREET ADDRESS PALM CITY, EL. 34990 CITY-ST-ZIP CITY-ST-ZIP TITLE ST Delete TITLE NAME GRAVES, ROBERT NAME 3228 SN Martin Downs Blud #5 STREET ADDRESS 3545 SW CORPORATE PARRWAY STREET ADDRESS CITY-ST-ZIF PALM CITY, FL 34990 ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 reclariter 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #