2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00671

FILED Mar 15, 2007 Secretary of State

Entity Name: NAMI MARTIN COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 1082 1950 SW PALM CITY ROAD

STUART, FL 349951082 US APT 1-104

STUART, FL 349951082 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1082

STUART, FL 34995 US

FEI Number: 59-2444160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAYLOR, THOMAS R
1950 PALM CITY ROAD #1104
STUART, FL 34994
US

TAYLOR, THOMAS R
1950 PALM CITY ROAD
APT 1-104

STUART, FL 34994 US

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: THOMAS R. TAYLOR 03/15/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: () Change () Addition Name: TAYLOR, THOMAS R Name:

 Address:
 1950 PALM CITY RD APT 1104
 Address:

 City-St-Zip:
 STUART, FL 34994
 City-St-Zip:

Name: TAYLOR, MARGARET E Name: TAYLOR, MARGARET E

Address: 1950 PALM CITY ROAD APT 1104 Address: 1950 PALM CITY ROAD APT 1104

City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994

Title: PD (X) Delete Title: () Change () Addition Name: MORGAN, JOHN J JR Name:

Address: 8329 SE DOUBLE TREE DRIVE Address:
City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip:

 $\label{eq:time_time_time_time} {\sf Title:} \qquad {\sf VP} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad (\) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 LOWENSTEIN, MICHEAL
 Name:

 Address:
 567 NW AZINE AVE
 Address:

 City-St-Zip:
 PORT SAINT LUCIE, FL 34983
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. TAYLOR TD 03/15/2007