


# 2007 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N01000003153</b> 1. Entity Name <b>MARTIN COUNTY COMMUNITY VIEWPOINT, INC.</b>	
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Principal Place of Business <b>3748 WOODBRIAR LANE PALM CITY, FL 34990</b>	Mailing Address <b>3748 WOODBRIAR LANE PALM CITY, FL 34990</b>
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**DO NOT WRITE IN THIS SPACE**



01062007 No Chg-NP

CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SUMMERS, WILLIAM C  
3748 WOODBRIAR LANE  
PALM CITY, FL 34990**

**DO NOT WRITE  
IN THIS SPACE**

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  DATE **2-27-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUMMERS, WILLIAM C 3748 WOODBRIAR LANE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUMMERS, DOLORES 3748 WOODBRIAR LANE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENNON, ROBERT 2897 SW MARAPOSA CIR PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNAH, LINDA 3553 SE FAIRWAY E STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORIO, JOE 433 NE ACACIA PLACE JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

03/13/07-80059-018 61.25

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:  **2-27-07** 712-220-7763  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #