2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# N06000008480

Entity Name: MARTIN COUNTY DESTINATION MARKETING CORPORATION

Current Principal Place of Business:

300 SW ST. LUCIE AVE.
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

300 SW ST. LUCIE AVE.
STUART, FL 34994 US

New Mailing Address:

FEI Number: 20-5450479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONAGHAN, TERRI
300 SW ST. LUCIE AVE.
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	CALVERT, CHARLES	
Address:	1209 S. FEDERAL HWY.	
City-St-Zip:	STUART, FL 34994 US	
Title:	D	( ) Delete
Name:	FERRARI, JENNIFER	
Address:	8994 S.E. BRIDGE ROAD	
City-St-Zip:	HOBE SOUND, FL 33475 US	
Title:	D	( ) Delete
Name:	GUERTIN, GARY	
Address:	4271 S.E. PALMETTO STREET	
City-St-Zip:	STUART, FL 34997 US	
Title:	D	( ) Delete
Name:	PULLEN, BILL	
Address:	1232 S.E. MENDAVIA AVENUE	
City-St-Zip:	PORT ST. LUCIE, FL 34952	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: GARY GUERTIN D 03/12/2008

Electronic Signature of Signing Officer or Director — Date