


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90020 003 \*\*\*\*70.00

**DOCUMENT # N11440**

1. Entity Name  
 ECONOMIC COUNCIL OF MARTIN COUNTY, INC.



Principal Place of Business  
 2307 SE MONTEREY RD  
 STUART, FL 34996-3331 US

Mailing Address  
 2307 SE MONTEREY RD  
 STUART, FL 34996-3331 US

40047074



2. Principal Place of Business - No P.O. Box #  
 1002 SE Monterey Commons Blvd

3. Mailing Address  
 1002 SE Monterey Commons Blvd

Suite, Apt. #, etc.  
 Suite 203B

Suite, Apt. #, etc.  
 Suite 203B

City & State  
 Stuart Fl 34996

City & State  
 Stuart Fl

Zip  
 34996

Country  
 US

01152008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-2597572

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMONEAU, TAMMY  
 2307 SE MONTEREY RD  
 STUART, FL 34996-3331

7. Name and Address of New Registered Agent

Name  
 \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
 1002 SE Monterey Commons Blvd 203B

Suite 203B

City  
 Stuart FL Zip Code  
 34996

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 *Tammy Simoneau* DATE 3-13-08

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

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUOZZO, DONALD J 2307 SE MONTEREY RD STUART, FL 34996 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRANTOR, JOHN 2307 SE MONTEREY RD STUART, FL 34996 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERG, EDWARD 2307 SE MONTEREY RD STUART, FL 34996 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YCD DUVALL, DEBRA 2307 SE MONTEREY RD STUART, FL 34996 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD RAYNES, ROBERT 2307 SE MONTEREY RD STUART, FL 34996 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHRAMM, STEPHEN 2307 SE MONTEREY RD STUART, FL 34996 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martin Bonan TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2400 South Federal Hwy Suite 300 STUART Fl 34994-4531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Weinberg, Edward D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>2307 SE</del> 1002 SE Monterey Commons Blvd Suite 203B, Stuart 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Duvall, Debra CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1002 SE Monterey Commons Blvd Suite 203B Stuart Fl 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Raynes, Robert VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1002 SE Monterey Commons Blvd Suite 203B STUART Fl 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Schramm, Stephen SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1002 SE Monterey Commons Blvd Suite 203B STUART Fl 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *[Signature]* DATE 3/14/08 DAYTIME PHONE 772 288-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #