

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12361 (4)

1. Corporation Name

THE MARTIN DOWNS COUNTRY CLUB, INC.



Principal Place of Business

Mailing Address

3801 S. W. GREENWOOD WAY
P.O. BOX 1229
PALM CITY FL 34990-4630

3801 S. W. GREENWOOD WAY
P.O. BOX 1229
PALM CITY FL 34990-4630

3. Date Incorporated or Qualified
12/03/1985

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number
59-2697926

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WACKEEN, THOMAS
401 E. OSCEOLA STREET
STUART FL 34995

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC ☒ DELETE
NAME KLEIN, KENNETH
STREET ADDRESS 3801 S.W. GREENWOOD WAY
CITY-ST-ZIP PALM CITY FL

1.1 TITLE PC ☒ Change ☐ Addition
1.2 NAME Harold Manning
1.3 STREET ADDRESS 3801 S.W. Greenwood Way
1.4 CITY-ST-ZIP Palm City, FL 34990

TITLE VD ☒ DELETE
NAME LEE, FRANK
STREET ADDRESS 3801 SW GREENWOOD WAY
CITY-ST-ZIP PALM CITY FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME Russell Langill
2.3 STREET ADDRESS 3801 S.W. Greenwood Way
2.4 CITY-ST-ZIP Palm City, FL 34990

TITLE TD ☐ DELETE
NAME SPRAKER, MICHAEL
STREET ADDRESS 3801 S.W. GREENWOOD WAY
CITY-ST-ZIP PALM CITY FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME KLOTZ, SHELDON
STREET ADDRESS 3801 S.W. GREENWOOD WAY
CITY-ST-ZIP PALM CITY FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)