


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90273 043 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N12361</b>					
1. Corporation Name <b>THE MARTIN DOWNS COUNTRY CLUB, INC.</b>					
Principal Place of Business 3801 S. W. GREENWOOD WAY P.O. BOX 1229 PALM CITY FL 34991-6229 US			Mailing Address 3801 S. W. GREENWOOD WAY P.O. BOX 1229 PALM CITY FL 34991-6229 US		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/03/1985	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2697926	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>WACKEEN, THOMAS 401 E. OSCEOLA STREET / DO SO PER HAY STUART FL 34995</b>				10. Name and Address of New Registered Agent 81 Name <b>WACKEEN, THOMAS</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1100 SE U.S. 1</b> 83 84 City <b>STUART</b> FL 85 Zip Code <b>34995</b>	

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]* DATE **3/31/99**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	PC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAEGEL, WILLIAM K	1.2 NAME	SCOTT WYLLIE
STREET ADDRESS	3801 S.W. GREENWOOD WAY	1.3 STREET ADDRESS	3801 S.W. GREENWOOD WAY
CITY-ST-ZIP	PALM CITY FL 34990	1.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYLLIE, SCOTT D	2.2 NAME	DONALD COMBES
STREET ADDRESS	3801 SW GREENWOOD WAY	2.3 STREET ADDRESS	3801 S.W. GREENWOOD WAY
CITY-ST-ZIP	PALM CITY FL 34990	2.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRAKER, MICHAEL	3.2 NAME	JOSEPH BELLUCCI
STREET ADDRESS	3801 S.W. GREENWOOD WAY	3.3 STREET ADDRESS	3801 SW GREENWOOD WAY
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, WILLIAM D	4.2 NAME	STEVE SCHOENBRUN
STREET ADDRESS	3801 S.W. GREENWOOD WAY	4.3 STREET ADDRESS	3801 SW GREENWOOD WAY
CITY-ST-ZIP	PALM CITY FL	4.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* **JOSEPH BELLUCCI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 (561) 286-6818  
Date Daytime Phone # EXT 122

CR2E037 (11/98)