


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90058 033 ****61.25

DOCUMENT # N12361	
1. Entity Name THE MARTIN DOWNS COUNTRY CLUB, INC.	

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
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DO NOT WRITE IN THIS SPACE



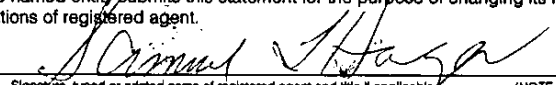
04032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2697926	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WACKEEN, THOMAS 3473 SOUTHEAST WILLOUGHBY BLVD STUART, FL 34994

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAGER, SAMUEL 3801 SW GREENWOOD WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, JEFF S 3807 SW GREENWOOD WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURPHY, JOSEPH A III 3801 SW GREENWOOD WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NELSON, ROBERT <i>* NELSEN</i> 3801 SW GREENWOOD WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.	
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SIGNATURE: 	Date 4/10/7	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		