

2-395 B-872C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
 ANNUAL REPORT  
 1995



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

DOCUMENT # **N22732 (4)**

95 FEB -3 PM 1:45

1. Corporation Name  
**THE CHARTER CLUB AT MARTIN DOWNS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**2002 SW OLYMPIC CLUB TERR  
 PALM CITY FL 34990  
 US** **PO BOX 710  
 PALM CITY FL 34990  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/29/1987** 3a. Date of Last Report **02/11/1994**  
 4. FEI Number **65-0043823** 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**  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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 25 29 **34990-0710** 30

9. Name and Address of Current Registered Agent  
**ARSTARK, MICHAEL X  
 2077 SW OLYMPIC CLUB TERR  
 PALM CITY FL 34990**

10. Name and Address of New Registered Agent  
 81 Name **MICHAEL S. ARSTARK**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **MICHAEL S. ARSTARK, AGENT** DATE **1/17/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KAMPERT, ROBERT O SR
STREET ADDRESS	2075 SW AUGUSTA TRACE
CITY-ST-ZIP	PALM CITY FL
TITLE	VD
NAME	BUCK, GENE
STREET ADDRESS	2108 SW AUGUSTA TRACE
CITY-ST-ZIP	PALM CITY FL
TITLE	SD
NAME	ARSTARK, MICHAEL S
STREET ADDRESS	2077 SW OLYMPIC CLUB TERR
CITY-ST-ZIP	PALM CITY FL
TITLE	TD
NAME	PALMER, PAUL
STREET ADDRESS	2081 SW OLYMPIC CLUB TERR
CITY-ST-ZIP	PALM CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANCIS V. ABILLY	
1.3 STREET ADDRESS	2049 SW OLYMPIC CLUB TERRACE	
1.4 CITY-ST-ZIP	PALM CITY FL 34990	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT J. STUART	
2.3 STREET ADDRESS	2169 SW OLYMPIC CLUB TERRACE	
2.4 CITY-ST-ZIP	PALM CITY FL 34990	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS A. STOUT	
3.3 STREET ADDRESS	2305 SW OLYMPIC CLUB TERRACE	
3.4 CITY-ST-ZIP	PALM CITY FL 34990	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MICHAEL S. ARSTARK	
4.3 STREET ADDRESS	2077 SW OLYMPIC CLUB TERRACE	
4.4 CITY-ST-ZIP	PALM CITY FL 34990	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DWIGHT L. KLEIN	
5.3 STREET ADDRESS	2299 SW SHOAL CREEK TRACE	
5.4 CITY-ST-ZIP	PALM CITY FL 34990	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attached list with an address.

SIGNATURE: *[Signature]* **MICHAEL S. ARSTARK** DATE **1/17/95** 407-220-8652  
 SECRETARY