

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N22732** (4)

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



Principal Place of Business: 2002 SW OLYMPIC CLUB TERR, PALM CITY FL 34990 US  
Mailing Address: PO BOX 710, PALM CITY FL 34990-0710 US

3. Date Incorporated or Qualified: 09/29/1987  
3a. Date of Last Report: 02/03/1995

2. Principal Place of Business: 21 [ ]  
2a. Mailing Address: 26 2002 SW OLYMPIC CLUB TERR  
Suite, Apt. #, etc.: 22 [ ] Suite, Apt. #, etc.: 27 [ ]  
City & State: 23 PALM CITY FL  
Zip: 24 34990-6023 Country: 25 USA 29 30

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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

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

10. Name and Address of New Registered Agent  
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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* MICHAEL S. ARSTARK DATE: 2/12/96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REILLY, FRANCIS V.	
STREET ADDRESS	2049 SW OLYMPIC CLUB TERRACE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STUART, ROBERT J.	
STREET ADDRESS	2169 SW OLYMPIC CLUB TERRACE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STOUT, THOMAS A.	
STREET ADDRESS	2305 SW OLYMPIC CLUB TERRACE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARSTARK, MICHAEL S.	
STREET ADDRESS	2077 SW OLYMPIC CLUB TERRACE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KLEIN, DWIGHT L.	
STREET ADDRESS	2299 SW SHOAL CREEK TRACE	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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]* MICHAEL S. ARSTARK DATE: 2/12/96 288-6314 407-220-8652  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (12/95)