FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N22732

(4)

THE CHARTER CLUB AT MARTIN DOWNS HOMEOWNERS' ASS OCIATION, INC.

Principal Place of Business

Mailing Address

2002 SW OLYMPIC CLUB TERR PALM CITY FL 34990 2002 SW OLYMPIC CLUB TER PALM CITY FL 34990-6023 FILED
Jan 31 1997 8:00am
Secretary of State



00	>	•				3. Date Incorporated or Qualified 09/29/1987	3a. Di	03/13/19	
2. Principal Place of Business 2a. Mailing Addres			;			4. FEI Number	···· -	Ap	plied For
21 26						65-0043823		No	t Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & St	late	City & State	¬ ´			6. Election Campaign Financing			
23		28	Cou			Trust Fund Contribution	<u>. LJ</u>		
Zip	25 29 30					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New R	egistered	Agent	
				61	Name				
ARSTARK, MICHAEL S.				82	Street Addre			in	
2077 SW OLYMPIC CLUB TERR				83			-		
PALM CITY FL 34990				8					
				84	City			85 Zip (Code
					-	oration submits this statement for the	<u> </u>	<u> </u>	=1
SIGNATURI		TANSICK &	- deres	A		on's board of directors. I hereby acce	DATE	1-13-9	7
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN		IS IN 12
TITLE	PD	,		TLE	P		Λ	Change	Additio
NAME	REILLY, FRANCIS V.		1.2 N/	AME	CH	EVALIER, ISERNARD	MA T	FOR	
STREET ADDRES		3 TERRACE	1.3 \$1	rree1	ADDRESS 21	EVALIER, BERNARD 46 SH OLYMPIC C	UNP I	C/C/C	
CITY-ST-ZIP	PALM CITY FL		1.4 CI	ITY-S1	r-zip 🗚	ILM CITY, FL 54990	-602	5	
TITLE	VO	⊠ DELE	TE 2.1 T/	TLE	V			Change	Additio
NAME	STUART, ROBERT J.		2.2 NJ	AME	EL	AIN'S TRAINA BY SW OHMAPIC CLUB!	مدرب		
STREET ADDRES	s 2169 SW OLYMPIC CLUI	B TERRACE	2.3 \$1	REET.	ADDRESS 219	77 SW OLYMPIE CEUB	WHE.		
CITY-ST-ZIP	PALM CITY FL		2.40	HY-S	IT-ZIP A	KM CM FL 34990.	0025	•	
TITLE	VD	DELI	TE 3.1 TI	TLE	VE			Change .	Additio
NAME	STOUT, THOMAS A.		3.2 N/	AME		ARTIN TUCKER	- .		
STREET ADDRES		3 TERRACE	3.3 \$1	TREET	ADDRESS 32	SPS 2'M' PHIKWECO		TTE CL	
CITY-ST-ZIP	PALM CITY FL		3.4.0	ity-S	T-ZIP P	LM CITY, FL. 3499	9		
TITLE	SD	≥ DELE	TE 4.1 TI	TLE	50			Change	Additio
NAME	ARSTARK, MICHAEL S.	•	4. 2 N	IAME		1.74 % 4.4		•	
STREET ADDRES		B TERRACE	435	TREET	ADDRESS	and the second			
CITY-ST-ZIP	PALM CITY FL	-	4.4 C	ITY-5	T-ZIP	A Comment of the Comm			
TITLE	TD	☐ DELI						Change	Additio
NAME	KLEIN, DWIGHT L.		5.2 N	AME		•			
STREET ADDRES	A A A A A A A A A A A A A A A A A A A	TRACE	5.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	PALM CITY FL	· -		ITY-S	I				
TITLE	4 - 10-11 - 10-11	DEL						Change	Addition
NAME			6.2 N					-	
STREET ADDRES	88		L		ADDRESS				
CITY-ST-ZIP	20		****	INEEI ITY-S					
	1		■ 6.4 C	11 V . C	1+11P				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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: EMPLOYED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Date Date Dayling Phone # 0071753