## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham \*

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

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

						-			
Principal Place of Business Mailing Address					L 4001101 010 11010	11811 18888 11118 1181 B181 B1811 B18	114 B1811 B1811 B1611	81811 1891	
2002 SW OLYM PALM CITY FL US	PIC CLUB TERR 34990		2002 SW OLYMPIC CLUB TER PALM CITY FL 34990-6023 US			or Qualified			
					4. FEI Number		<del> </del>	lied For	
9 Dinabal D	ant of Dusinons	2a Mailine	Addrons		65-004382			Applicable	
2. Principal Place of Business 2a. Ma 21			Mailing Address		<ol><li>Certificate of Statu</li></ol>	s Desired 🔲	\$8.75 Add		
Suite, Apt.	#, etc.		Apt. #, etc.		6. Election Campaign	) Financing	\$5.00 Ma		
22		27				Trust Fund Contribution			
City & State	9	City &	State		7. Is this nonprofit co	7. Is this nonprofit corporation a homeowners association?			
23		28		On units :		☐ Yes ☐ No			
Zip	Country Zip			Country  8. This corporation owes or has pai Personal Property Tax due June			rrent year Intan	-	
24	9. Name and Addre	29 29 See of Current Registered A	gent 30			ss of New Registered		10	
81 Name ( , , , , )									
TEDDICK, EDWARD W					Address (P.O. Box Number is	Not Acceptable)	TLEAS		
2174 S.W. OLYMPIC CLUB TER.				82 Syeet 7	HAPTER CLUB	Not Acceptable)			
PALM CITY FL 34990				83 200	SUBJER	Jul TP			
				84 City	a smuniphic c		85 Zip Co	de_	
					Mhy City	<u>FL</u>	349	90	
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 agont, or both, in the State of Furida. 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 _	_ leeka	in all equiplered extent and title It applicable	` ` /	Λ	required when reinstating)	May 19	_/998		
12.	Signature type or printed name		_//	stered Agont signature		GES TO OFFICERS AND	D DIRECTORS	IN 12	
TITLE	PD	DEFICE BE AND DIRECTORS	4	I TITLE		220 TO SATTOLINO AINE		Addition	
NAME	CHEVALIER, BERI	MARN A	. ,	I.2 NAME	PD ATAS HERBO	ERT			
STREET ADDRESS 2146 S.W. OLYMPIC CLUB TERR				I.3 STREET ADDRESS	LIZY SW AUGUST	A TRACA			
CITY-ST-ZIP	PALM CITY FL 34			I.4 CITY-ST-ZIP	PALM CITY FL	34990 6025			
TITLE	VD		A 21	2.1 TITLE	VPD A LINE	A4.	Change	Addition	
NAME	TRAINA, ELAINE		2	2.2 NAME	PATERS WILLY	IC CLUBTUR.			
STREET ADDRESS	2197 SW OLYMPI	C CLUB TERR	. 2	3 STREET ADDRESS	NA)4300 0-11.				
CITY-ST-ZIP	PALM CITY FL 34	990-6025		2. 4 CITY - ST - ZIP	PALM CITY 31	1990.6025		<del>,,,,</del>	
TITLE	VD		DELETE 3	3.1 TITLE	D		Change (	Addition	
NAME	TUCKER, MARTIN			3.2 NAME	WARDLE WILL	IAM			
STREET ADDRESS		ECOCK HILLS, CT		3.3 STREET ADDRESS	2322 SW OLYM	PICAN 1			
CITY-ST-ZIP	PALM CITY FL 34	990		1.4. CITY-ST-ZIP	TALM CLTY FL	34990	Change	Addition	
TITLE	SD	NA 111	-	1.1 TITLE	SD JOHN		Li Change 🔏	Augilion	
NAME	TEDDICK, EDWAR			1. 2 NAME	2178 SW OLYMP	C CLUB TER.			
STREET ADDRESS	2174 S.W. OLYMI	TO CLUB TEN.		1.3 STREET ADDRESS	3118 212 CO3114	34990-0625			
CITY-ST-ZIP TITLE	PALM CITY FL TD			1.4 CITY-ST-ZIP 5.1 TITLE		3 1770	Change -	Addition	
NAME	KLEIN, OWIGHT L			5.2 NAME	TD Sweetley D.	. 11423			
STREET ADDRESS	2299 SW SHOAL			5.3 STREET ADDRESS	SWEENEY RI	CHAND	TER.		
CHY-ST-ZIP	PALM CITY FL	CHECK HYOL		5.4 CITY-ST-ZIP	2033 SWOL PALM CIM	34990 -	602 -		
TITLE	TARM OUT IL			5.1 TITLE	F 70 1 1 / 1		Change	Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET ADDRESS					

14. 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 certify 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 remains the same legal effect as if made under certify that the Information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information Infor 561 288 6314

6.4 CITY - ST - ZIP

**FILED** 

May 28 1998 8:00am

Secretary of State