

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90043 041 ****61.25

DOCUMENT # N22732

1. Entity 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

2002 SW OLYMPIC CLUB TER
PALM CITY FL 34990-6023
US

50016210



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0043823

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNETT, JANE L
401 EAST OSCEOLA STREET
STUART FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WELCH, THOMAS	
STREET ADDRESS	2085 SW OLYMPIC CLUB TERRACE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRINDLEY, ROBERT	
STREET ADDRESS	2101 SW OLYMPIC CLUB TERR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOCHOM, DOLORES	
STREET ADDRESS	2220 SW SHOAL CREEK TERR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MACLEAN, EARL	
STREET ADDRESS	2243 SHOAL CREEK TERRACE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KLEIN, DWIGHT	
STREET ADDRESS	2299 SW SHOAL CREEK TRACE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONSENTINO, JAMES	
STREET ADDRESS	2277 OLYMPIC CLUB TERRACE	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCENT REILLY REILLY, VINCENT	
STREET ADDRESS	2049 SW OLYMPIC CLUB TERR	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINLEY, ROBERT	
STREET ADDRESS	2101 SW OLYMPIC CLUB TERR	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERTESCHI, CAROL	
STREET ADDRESS	2310 SW OLYMPIC CLUB TERR	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEAN, EARL	
STREET ADDRESS	2243 SW SHOAL CREEK TERR.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, DWIGHT	
STREET ADDRESS	2299 SW SHOAL CREEK TERR.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSENTINO, JAMES	
STREET ADDRESS	2277 SW OLYMPIC CLUB TERR.	
CITY-ST-ZIP	PALM CITY, FL 34990	

12. I 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 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.

SIGNATURE: ROBERT BRINLEY Robert Brinley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 772 220-1333
Daytime Phone #