



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
 4. May 28, 2008 8:00 am
 Secretary of State

04-25-2008 90146 031 ****61.25

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| DOCUMENT # N22732 | |  | |
| 1. Entity 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 2002 SW OLYMPIC CLUB TER PALM CITY, FL 34990-6023 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REILLY, VINCENT | NAME | |
| STREET ADDRESS | 2049 SW OLYMPIC CLUB TERR | STREET ADDRESS | |
| CITY-ST-ZIP | PALM CITY, FL 34990 | CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRINDLEY, ROBERT | NAME | |
| STREET ADDRESS | 2101 SW OLYMPIC CLUB TERR | STREET ADDRESS | |
| CITY-ST-ZIP | PALM CITY, FL 34990 | CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KITTY, STOUT | NAME | Herlean, Greg |
| STREET ADDRESS | 2305 SW OLYMPIC CLUB DR | STREET ADDRESS | 2045 SW Olympic Club Ter |
| CITY-ST-ZIP | PALM CITY, FL 34990 | CITY-ST-ZIP | Palm City FL 34990 |
| TITLE | VP <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MACLEAN, EARL | NAME | Vertesch, Carol |
| STREET ADDRESS | 2243 SHAOL CREEK TERRACE | STREET ADDRESS | 2310 SW Olympic club Ter |
| CITY-ST-ZIP | PALM CITY, FL 34990 | CITY-ST-ZIP | Palm City FL 34990 |
| TITLE | T <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRAPANI, FRANK | NAME | |
| STREET ADDRESS | 2198 SW OLYMPIC CLUB DR | STREET ADDRESS | |
| CITY-ST-ZIP | PALM CITY, FL 34990 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARMEL, BERNIE | NAME | |
| STREET ADDRESS | 2908 SW SHINNECOCK HILLS CRT | STREET ADDRESS | |
| CITY-ST-ZIP | PALM CITY, FL 34990 | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>FRANK A. TRAPANI</i> | | Date: <i>04/14/08</i> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR</small> | | <small>Date</small> | |

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04092008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0043823 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

*Director
 Vice
 President*