

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUN 1995

DOCUMENT # **N29967** (9)

1. Corporation Name

**MURRAY SUBDIVISION PROPERTY OWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O 2001 E. OCEAN BLVD.  
STE. 2A  
STUART FL 34996  
US

C/O 2001 E. OCEAN BLVD  
STE. 2A  
STUART FL 34996  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/29/1988</b>	3a. Date of Last Report <b>07/01/1994</b>
4. FEI Number <b>65-0100094</b>	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
21. Suits, Apt. #, etc.	26. Suits, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
22. City & State	27. City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> <b>\$68.75 Supplemental Fee Not Required</b>
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Zip	25. Country	29. Zip
30. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>W. MARTIN BONAN C/O MCCARTHY, SUMMERS, BOBKO, MCKAY &amp; BON STE. 2A STUART FL 34996</b>		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3.	
		B4. City	<b>FL</b> B5. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, JOHN P. JR.</b>	1.2 NAME	
STREET ADDRESS	<b>202 SOUTH BEACH RD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOBE SOUND FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, TIM</b>	2.2 NAME	
STREET ADDRESS	<b>5125 MANATEE TERRACE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STUART FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROCKNE, WOJCIESZAK K</b>	3.2 NAME	
STREET ADDRESS	<b>3591 SE LEONARD LANE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STUART FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(b), 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: \_\_\_\_\_

*W. Timothy Murray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-24-95**  
Date

Official Use Only