

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N29967 (9)**

1. Corporation Name
MURRAY SUBDIVISION PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business C/O 2081 E. OCEAN BLVD. STE. 2A STUART FL 34996 US	Mailing Address C/O 2081 E. OCEAN BLVD STE. 2A STUART FL 34996 US
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3. Date Incorporated or Qualified **12/29/1988** 3a. Date of Last Report **06/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0100094	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

9. Name and Address of Current Registered Agent

**W. MARTIN BONAN
C/O MCCARTHY, SUMMERS, BOBKO, MCKAY & BON
STE. 2A
STUART FL 34996**

10. Name and Address of New Registered Agent

81 Name Terence P. McCarthy, Esquire
82 Street Address (P.O. Box Number is Not Acceptable) c/o McCarthy, Summers, Bobko et al
83 2081 E. Ocean Blvd., Suite 2A
84 City Stuart
85 Zip Code FL 34996

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 agent, or both, in the State of Florida, which 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 *Terence P. McCarthy*

1/24/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, JOHN P. JR.	1.2 NAME	
STREET ADDRESS	202 SOUTH BEACH RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, TIM	2.2 NAME	
STREET ADDRESS	5125 MANATEE TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKNE, WOJCIESZAK K	3.2 NAME	Steven Davolt
STREET ADDRESS	3591 SE LEONARD LANE	3.3 STREET ADDRESS	5316 SE Matousek Street
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	100001731211
STREET ADDRESS		5.3 STREET ADDRESS	-03/04/96--01098--010
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	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 119.07(3)(k), 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: *M. Timothy Murray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 Date **407-546-4747** Phone No.

CR2E037 (12/95)

ASB
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