2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31192

FILED Apr 30, 2009 Secretary of State

Entity Name: MARTIN DOWNS BUSINESS PARK ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3228 SW MARTIN DOWNS BLVD. 3228 SW MARTIN DOWNS BOULEVARD

SUITE 5

PALM CITY, FL 34990 PALM CITY, FL 34990

Current Mailing Address: New Mailing Address:

3228 SW MARTIN DOWNS BLVD. 3228 SW MARTIN DOWNS BOULEVARD

SUITE 5

PALM CITY, FL 34990 US PALM CITY, FL 34990 US

FEI Number: 59-2946318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CUMMINGS, PETER D BONAN, ELIZABETH P 4801 PGA BLVD 759 S. FEDERAL HIGHWAY PALM BEACH GARDENS, FL 33418 SUITE #212 US

STUART, FL 34994 US

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.

SIGNATURE: ELIZABETH P. BONAN 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete DST (X) Change () Addition

CUMMINGS, KEITH L STULL-WISE, JENNIFER Name: Name:

4801 PGA BLVD Address: 3228 SW MARTIN DOWNS BOULEVARD #5 Address:

City-St-Zip: PALM BEACH GARDENS, FL 33418 US City-St-Zip: PALM CITY, FL 34990 US

(X) Change () Addition Title: () Delete Title:

CUMMINGS, PETER D Name: SABIN, CHARLES H Name:

Address: 4801 PGA BLVD Address: 3228 SW MARTIN DOWNS BOULEVARD #5 PALM CITY, FL 34990 US

City-St-Zip: PALM BEACH GARDENS, FL 33418 US City-St-Zip:

Title: DVP () Delete Title: DS (X) Change () Addition DEAN, DAVID A Name: WILSON, DON Name:

3228 SW MARTIN DOWNS BOULEVARD #5 4801 PGA BLVD Address: Address:

City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER STULL-WISE DP 04/30/2009