

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 # **N37093** (4)
1. Corporation Name
REAL PROPERTY COUNCIL OF MARTIN COUNTY, INC.



Principal Place of Business Mailing Address
% RICHARD J. DUNGEY
1100 SOUTH FEDERAL HIGHWAY
STUART FL 34994

3. Date Incorporated or Qualified **03/12/1990** 3a. Date of Last Report **03/29/1995**
4. FEI Number **59-2624086** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNGEY, RICHARD J.
1100 SOUTH FEDERAL HIGHWAY
STUART FL 34994

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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. 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGT, THOMAS A	1.2 NAME	THOMAS R. SAWYER
STREET ADDRESS	700 COLORADO AVENUE	1.3 STREET ADDRESS	2801 E. OCEAN BLVD (2ND FLOOR)
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART, FL 34996
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWYER, TOM	2.2 NAME	WESLEY R. HARVIN
STREET ADDRESS	1100 S. FEDERAL HWY	2.3 STREET ADDRESS	900 S.E. MONTEREY COMMONS BLVD.
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	STUART, FL 34996
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVIN, WESLEY R	3.2 NAME	AVRON RIFKIN
STREET ADDRESS	900 E OCEAN BLVD., #B210	3.3 STREET ADDRESS	2400 S. FEDERAL HWY
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIFKIN, AVON	4.2 NAME	JOHN ERICK SWARD
STREET ADDRESS	2400 S FEDERAL HWY	4.3 STREET ADDRESS	611 S. FEDERAL HWY, STE. K
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	<input type="checkbox"/> DELETE	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	<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: Thomas R. Focht President 2/13/96 (407) 286-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)