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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 % RICHARD J. DUNGEY 1100 SOUTH FEDERAL HIGHWAY STUART FL 34994			Mailing Address % RICHARD J. DUNGEY 1100 SOUTH FEDERAL HIGHWAY STUART FL 34994		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/12/1990 4. FEI Number 59-2624086 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent DUNGEY, RICHARD J. 1100 SOUTH FEDERAL HIGHWAY STUART FL 34994			
10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE PD 1.2 NAME HARVIN, WESLEY R 1.3 STREET ADDRESS 900 E. OCEAN BLVD., STE. 210B 1.4 CITY-ST-ZIP STUART FL			1.1 TITLE PD 1.2 NAME RIFKIN, AVRON C. 1.3 STREET ADDRESS 800 SE Monterey Commons Blvd Ste 200 1.4 CITY-ST-ZIP Stuart, FL 34996		
2.1 TITLE VD 2.2 NAME RIFKIN, AVRON 2.3 STREET ADDRESS 2400 S. FEDERAL HWY 2.4 CITY-ST-ZIP STUART FL			2.1 TITLE VD 2.2 NAME SWARD, JOHN ERICK 2.3 STREET ADDRESS 611 S. Federal Highway 2.4 CITY-ST-ZIP Stuart, FL 34994		
3.1 TITLE SD 3.2 NAME SWARD, JOHN E 3.3 STREET ADDRESS 611 S. FEDERAL HWY, STE. K 3.4 CITY-ST-ZIP STUART FL			3.1 TITLE TD 3.2 NAME SHERLOCK, VIRGINIA P. 3.3 STREET ADDRESS 1855 S. Kanner Hwy, Suite 6 3.4 CITY-ST-ZIP Stuart, FL 34994		
4.1 TITLE SD 4.2 NAME SWARD, JOHN ERICK 4.3 STREET ADDRESS 611 S FEDERAL HWY, STE K 4.4 CITY-ST-ZIP STUART FL			4.1 TITLE SD 4.2 NAME KLEIN, DEBRA L. 4.3 STREET ADDRESS 900 E. Ocean Blvd., Suite 232 4.4 CITY-ST-ZIP Stuart, FL 34994		
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE REQUIRED

1/26/98

(800) 780-1980

CR2E037 (10/97)