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**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90013 012 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N37093** ✓

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	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/12/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2624086
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24	29	30

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	T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFKIN, AVRON C	1.2 NAME	RIFKIN, AVRON C.
STREET ADDRESS	800 SE MONTEREY COMMONS BLVD, STE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWARD, JOHN ERICK	2.2 NAME	KLEIN, DEBRA L.
STREET ADDRESS	611 S FEDERAL HWY	2.3 STREET ADDRESS	900 E. Ocean Blvd., Ste 232
CITY-ST-ZIP	STUART FL 34994	2.4 CITY-ST-ZIP	Stuart, Florida 34994
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERLOCK, VIRGINIA P	3.2 NAME	THURLOW, THOMAS H., JR.
STREET ADDRESS	1855 S KANNER HWY, STE 6	3.3 STREET ADDRESS	17 E. Martin L. King, Jr. Blvd.
CITY-ST-ZIP	STUART FL 34949	3.4 CITY-ST-ZIP	Stuart, Florida 34994
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, DEBRA L	4.2 NAME	
STREET ADDRESS	900 E OCEAN BLVD, STE 232	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	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	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)