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FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43195 (9)

1. Corporation Name

BUSINESS DEVELOPMENT BOARD OF MARTIN COUNTY, INC

Principal Place of Business

2400 S FEDERAL HWY.
SUITE 230
STUART FL 34994
US

Mailing Address

~~P O BOX 2471~~
P O BOX 2471
STUART FL 34995-2471
US

3. Date Incorporated or Qualified

04/23/1991

3a. Date of Last Report

02/09/1996

4. FEI Number

65-0255366

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

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

30

9. Name and Address of Current Registered Agent

NORMAN, KENNETH A. ESQ
2400 S FEDERAL HWY
STE 300
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

800 SE Monterey Commons Boulevard

83 Suite 200

84 City

FL

85 Zip Code

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. 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

TITLE SD ☐ DELETE

NAME ESSENWINE, BARBARA

STREET ADDRESS P.O. BOX 1469

CITY-ST-ZIP PALM CITY FL

TITLE P ☒ DELETE

NAME POWERS, STEPHEN

STREET ADDRESS 555 N.E. OCEAN BOULEVARD

CITY-ST-ZIP STUART FL

TITLE D ☐ DELETE

NAME NORMAN, KENNETH

STREET ADDRESS 2400 S. FEDERAL HIGHWAY SUITE 300

CITY-ST-ZIP STUART FL

TITLE TD ☐ DELETE

NAME YANCEY, PAT

STREET ADDRESS P.O. BOX 1085

CITY-ST-ZIP HOBE SOUND FL

TITLE D ☐ DELETE

NAME ASTOLFI, TED

STREET ADDRESS 2400 S. FEDERAL HWY STE. 230

CITY-ST-ZIP STUART FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1505 SW Martin Highway

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE P ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 800 SE Monterey Commons Boulevard

3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 7700 SE Bridge Road

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE SD ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS Ed Weinberg
32 Osceola Street, Ste. C
Stuart, FL 34996

6.4 CITY-ST-ZIP

14. I do 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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97 361-221-1380
Date Daytime Phone # 0072031

CR2E037 (9/96)