

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90040 042 \*\*\*\*61.25

<b>DOCUMENT # N45442</b> 1. Entity Name <b>MARTIN COUNTY HOTEL AND MOTEL ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 566 STUART, FL 34995</b>			Mailing Address <b>P.O. BOX 566 STUART, FL 34995</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>REYNOLDS, JOHN</b> <b>1900 S FEDERAL HIGHWAY</b> <b>STUART, FL 34994</b>				Name <b>Audrey Ballantyne</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Federal Highway</b> City <b>Stuart</b> <b>FL</b> Zip Code <b>34994</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SMITH, MIKE</b> <b>950 S FEDERAL HWY</b> <b>STUART, FL 34994</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Fred Rutzke</b> <b>2625 NE Indian River Drive</b> <b>Jensen Beach, FL 34957</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>CALVERT, CHARLES</b> <b>1209 S FEDERAL HIGHWAY</b> <b>STUART, FL 34994</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Audrey Ballantyne</b> <b>1200 South Federal Highway</b> <b>Stuart, FL 34994</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REYNOLDS, JOHN</b> <b>1900 S FEDERAL HWY</b> <b>STUART, FL 34994</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Karyn Donovan</b> <b>300 SW Monterey Road</b> <b>Stuart, FL 34994</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>John Reynolds</i></u> <b>PRESIDENT</b> <u>4/17/08</u> <u>772-287-6900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					