FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR -7 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51227 (9)

1. Corporation Name

MARTIN COUNTY PLAZA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2090 SE OCEAN BLVD. STUART FL 34996	2090 SE OCEAN BLVD. STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1992
3a. Date of Last Report: 04/19/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2100 SE Ocean Blvd.	26 2100 SE Ocean Blvd.
Suite, Apt. #, etc. 22 Suite 202	Suite, Apt. #, etc. 27 Suite 202
City & State 23 Stuart, FL	City & State 28 Stuart, FL
Zip / Country 24 34996 / 25	Zip / Country 29 34996 / 30 Martin

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAAS, HAROLD G.
900 E. OCEAN BLVD.
SUITE 142
STUART FL 34994

10. Name and Address of New Registered Agent

31 Name: Mortell, Edwin E. III
32 Street Address (P.O. Box Number is Not Acceptable): 2100 SE Ocean Blvd.
33 Suite 202
34 City: Stuart FL 35 Zip Code: 34996

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Edwin E. Mortell III DATE: 3/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☒ Change ☐ Addition
NAME	BARATTA, ROBERT O.	1.2 NAME		
STREET ADDRESS	21 HARBOR POINT DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Stuart FL 34996	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	BARATTA, CAROL	2.2 NAME		
STREET ADDRESS	21 HARBOR POINT DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Stuart FL 34996	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MORTELL, MELISSA A.	3.2 NAME	Mortell, Melissa A.	
STREET ADDRESS	21 HARBOR POINT DR	3.3 STREET ADDRESS	417 Krueger Parkway	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Stuart FL 34996	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: Robert O. Baratta 4/4/95 407-287-6151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

607044