

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N51227** (9)

1. Corporation Name
MARTIN COUNTY PLAZA ASSOCIATION, INC.



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| Principal Place of Business 2100 SE OCEAN BLVD. STUART FL 34996 US | Mailing Address 2100 SE OCEAN BLVD. STE #100 STUART FL 34996 US |
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| 3. Date Incorporated or Qualified 10/08/1992 |
| 4. FEI Number NOT APPLICABLE |
| Applied For Not Applicable |

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|---|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 PO Box 3059 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country |
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|--|
| 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 |

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| 9. Name and Address of Current Registered Agent MORTELL, EDWIN E III 2100 SE OCEAN BLVD. STE #100 STUART FL 34996 |
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|---|
| 10. Name and Address of New Registered Agent 81 Name BOYD BRADFIELD 82 Street Address (P.O. Box Number is Not Acceptable) 83 90 SOUTHEAST, INC. 2873 SE OCEAN BLVD 84 City STUART 85 Zip Code FL 34996 |
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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 _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | BARATTA, ROBERT O. |
| STREET ADDRESS | 21 HARBOR POINT DR |
| CITY-ST-ZIP | STUART FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | BARATTA, CAROL |
| STREET ADDRESS | 21 HARBOR POINT DR |
| CITY-ST-ZIP | STUART FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | MORTELL, MELISSA A. |
| STREET ADDRESS | 417 KRUEGER PARKWAY |
| CITY-ST-ZIP | STUART FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE - D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | WAYNE KREMSE |
| 1.3 STREET ADDRESS | 131 S. RIVER ROAD |
| 1.4 CITY-ST-ZIP | STUART, FL 34996 |
| 2.1 TITLE - D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | JOAN KREMSE |
| 2.3 STREET ADDRESS | 131 S. RIVER ROAD |
| 2.4 CITY-ST-ZIP | STUART, FL 34996 |
| 3.1 TITLE - D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | BOYD G. BRADFIELD |
| 3.3 STREET ADDRESS | 2873 SE OCEAN BLVD |
| 3.4 CITY-ST-ZIP | STUART, FL 34996 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 _____ DATE **4/22/98**

CR2E037 (10/97)