

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000002449

1. Entity Name
THE HUNDRED CLUB OF MARTIN COUNTY, INC.



Principal Place of Business
PO BOX 3118
STUART, FL 34995

Mailing Address
PO BOX 3118
STUART, FL 34995



02022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0463507 **Applied For**
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KILBRIDE, ROBERT
4 SE LANTANA LANE
SEWALLS POINT, FL 34996

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IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KILBRIDE, ROBERT
STREET ADDRESS	4 LANTANA LANE
CITY-ST-ZIP	STUART, FL 34996
TITLE	PD
NAME	MARVIN, FRENKEL
STREET ADDRESS	2001 SAILFISH BLVD.
CITY-ST-ZIP	STUART, FL 34996
TITLE	SD
NAME	BELDING, LOIS
STREET ADDRESS	1780 SW SUNSET TR.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000624234
02/14/07-80022-021 70.00

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IN THIS SPACE**

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.

SIGNATURE: *Lois B. Belding* *Lois B. Belding* *2/2/07* *772-283-7422*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #