


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2005 08:00 AM
Secretary of State**

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|---|---|
| DOCUMENT # N94000000720 1. Entity Name MARTIN SQUARE CORPORATE PARK PROPERTY OWNERS ASSOCIATION, INC. |  |
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| Principal Place of Business 815 COLORADO AVE SUITE 101 STUART, FL 34994 | Mailing Address 815 COLORADO AVE SUITE 101 STUART, FL 34994 |
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02282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0587853 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MORGAN, JAMES C 815 COLORADO AVE #101 STUART, FL 34994 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature, typed or printed name of registered agent and title if applicable

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MORGAN, JAMES C 815 COLORADO AVE #101 STUART, FL 34994 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV HENDRY, GARY 2520 MARTIN SQUARE COPORATE PKWY STUART, FL 34994 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST HAWKEN, DEDE 1521 SE PALM COURT STUART, FL 34994 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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03/02/05-80068-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **2/28/05** **772/286-6292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #