


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000000720	
1. Entity Name MARTIN SQUARE CORPORATE PARK PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 819 S FEDERAL HWY SUITE 200 STUART, FL 34994	Mailing Address POB 899 STUART, FL 34995
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

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	

6. Name and Address of Current Registered Agent

**MORGAN, JAMES C
819 S FEDERAL HWY, STE 200
STUART, FL 34994**

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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 _____
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, 2008	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 819 S FEDERAL HWY, STE 200 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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/09/08-80030-013 61.25

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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:  **1/7/08 772 2386646**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #