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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N97000000519 (5)

1. Corporation Name
MARTIN COUNTY CONSERVATION ALLIANCE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1923 STUART FL 34995	P.O. BOX 1923 STUART FL 34995

3. Date Incorporated or Qualified: 01/27/1997

4. FEI Number: ☐ Applied For ☒ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRUMFIELD, LLOYD
11225 SW MEADOWLARK CIRCLE
STUART FL 34997-2730

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
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	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DENT, ROBERT		1.2 NAME	HEIMS, HOWARD	
STREET ADDRESS	146 CABANA PT. CIRCLE #2		1.3 STREET ADDRESS	6750 SW Gaines Ave	
CITY-ST-ZIP	STUART FL 34994		1.4 CITY-ST-ZIP	Stuart FL 34997	
TITLE	D	☐ DELETE	2.1 TITLE	D/S	☐ Change ☒ Addition
NAME	MELZER, DONNNA D		2.2 NAME	YORKE, Susan	
STREET ADDRESS	3471 CENTRE COURT		2.3 STREET ADDRESS	7501 SW Springhaven Ave	
CITY-ST-ZIP	PALM CITY FL 34990		2.4 CITY-ST-ZIP	Jupiter Island FL 33469	
TITLE	D	☒ DELETE	3.1 TITLE	D/T	☐ Change ☒ Addition
NAME	DENICOLA, FLOYD		3.2 NAME	Tomlinson, Tom	
STREET ADDRESS	2064 NE ACAOULCO DRIVE		3.3 STREET ADDRESS	P.O. Box 316 "N/A"	
CITY-ST-ZIP	JENSEN BEACH FL 34957		3.4 CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	BAKER, DONALD		4.2 NAME	Baldwin, Philip	
STREET ADDRESS	865 NE VANDA TERRADO		4.3 STREET ADDRESS	890 NE Ocean Blvd	
CITY-ST-ZIP	JENSEN BEACH FL 34957		4.4 CITY-ST-ZIP	Stuart, FL 34996	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COUTANT, DOROTHY		5.2 NAME		
STREET ADDRESS	3812 SE OLD ST. LUCIE		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHIDEL, KAREN		6.2 NAME		
STREET ADDRESS	303 NE ACACIA TERRACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Susan Yorke SUSAN YORKE 05/05/98 (561)288-5458