2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 05, 2007 8:00 am
Secretary of State
03-26-2007 90049 023 ****61.25

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1. Entity Name
THE HUMAN RESOURCE MANAGEMENT ASSOCIATION OF MARTIN COUNTY, INC.

Principal Place of Business	Mailing Address
2400 SE MONTEREY RD STUART, FL 34996	POST OFFICE BOX 1005 STUART, FL 34995-1005

03202007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 48-5640298 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALLERSPERGER, BARBARA 2400 SE MONTEREY RD STUART, FL 34996	Name [redacted] TIM McPherson Street Address (P.O. Box Number is Not Acceptable) [redacted] 2401 SE Monterey Road City STUART FL Zip Code [redacted] 34996

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FOSELLI, JAN P O BOX 900 STUART, FL 34995	☒ Delete	VP Jodi DArgan 10010 S Federal Highway Port St Lucie, FL 34952	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE GREENWOOD, MADELINE TRI-COUNTY TREE STUART, FL 34994	☐ Delete	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VALENTI, PHYLLIS 1800 SE HILLCLUB TERRACE TEQUESTA, FL 33469	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JONES, LAURIE 2041 E OCEAN BLVD STUART, FL 34996	☒ Delete	VP Rhonda Blakely 10010 S Federal Highway Port St Lucie, FL 34952	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAUGERSPERGER, BARBARA 2400 SE MONTEREY RD STUART, FL 34996	☒ Delete	T TIM McPherson 2401 SE Monterey Rd STUART, FL 34996	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALMEDDINE, LARA 3550 SW CORPORATE PKWY PALM CITY, FL 34990	☐ Delete	PE	☒ Change ☐ Addition

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: _____ TREASURER 3-20-07 772-221-1455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #