## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9800000025

Jan 20, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2400 SE MONTEREY RD STUART, FL 34996

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 1005 STUART, FL 349951005

FEI Number: 48-5640298 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLARKE, TERRI P 4229 SW HIGH MEADOWS AVENUE PALM CITY, FL 34990 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

Title: PP

Name: LYONS, ANGELIQUE

Address: 1680 SW BAYSHORE BOULEVARD, SUITE 108

City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: 7

Name: CLARKE, TERRI P

Address: 4229 SW HIGH MEADOWS AVENUE

City-St-Zip: PALM CITY, FL 34990

Title: F

Name: CASTELLANO, MARYELLEN
Address: 3473 SE WILLOUGHBY BOULEVARD

City-St-Zip: STUART, FL 34994

Title: PE

Name: CALLA, GINA

Address: 951 SW COUNTRY CLUB DRIVE City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP

Name: DEMARS, PEGGY

Address: 80 NE 4TH AVENUE, SUITE 21 City-St-Zip: DELRAY BEACH, FL 33483

Title: VPM

Name: FOSELLI, JAN Address: 10010 S. U.S. ONE

City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TERRI P. CLARKE T 01/20/2011