

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000025

FILED
Jan 05, 2012
Secretary of State

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

Current Principal Place of Business:

2400 SE MONTEREY RD
STUART, FL 34996

New Principal Place of Business:

4229 SW HIGH MEADOWS AVENUE
PALM CITY, FL 34990

Current Mailing Address:

POST OFFICE BOX 1005
STUART, FL 349951005

New Mailing Address:

FEI Number: 48-5640298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: CASTELLANO, MARYELLEN
Address: 3473 SE WILLOUGHBY BOULEVARD
City-St-Zip: STUART, FL 34994

Title: T
Name: CLARKE, TERRI P
Address: 4229 SW HIGH MEADOWS AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: P
Name: CALLA, GINA
Address: 951 SW COUNTRY CLUB DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: PE
Name: REED-BEGLEY, FAITH
Address: 2203 SE SAILFISH POINT BLVD
City-St-Zip: STUART, FL 34996

Title: VP
Name: MASTROV, STACY
Address: 3210 SW 42ND AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: VPM
Name: SHANAHAN, JEANNA
Address: 2041 S.E. OCEAN BOULEVARD
City-St-Zip: STUART, FL 34996

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

01/05/2012

Electronic Signature of Signing Officer or Director

Date