## 2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N98000000025

Mar 05, 2012 Secretary of State

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

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

4229 SW HIGH MEADOWS AVENUE PALM CITY, FL 34990

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 1005 STUART, FL 349951005

FEI Number: 80-0480625 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:**

Γitle: PP

Name: CASTELLANO, MARYELLEN
Address: 3473 SE WILLOUGHBY BOULEVARD

City-St-Zip: STUART, FL 34994

Title:

Name: CLARKE, TERRI P

Address: 4229 SW HIGH MEADOWS AVENUE

City-St-Zip: PALM CITY, FL 34990

Title: F

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 CLARKE T 03/05/2012