


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90061 041 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000003628		
1. Corporation Name MARTIN COUNTY REGIONAL LAND TRUST, INC.		
Principal Place of Business 1855 S KANNER HWY STUART FL 34994	Mailing Address 1855 S KANNER HWY STUART FL 34994	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1129 ALAMANDA LANE	26 1129 ALAMANDA LANE	06/22/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number EIN#
22 SEDA	27 1	65-6296442
City & State	City & State	Applied For
23 STUART, FLORIDA	28 STUART, FLORIDA	Not Applicable
Zip	Country	5. Certificate of Status Desired
24 34996	25 USA	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	29 34996	30 USA
		6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEIMS, HOWARD K 1855 S KANNER HWY STUART FL 34994	81 Name GAIL M. SUDORE
	82 Street Address (P.O. Box Number is Not Acceptable) 1129 ALAMANDA LANE
	83
	84 City STUART FL 85 Zip Code 34996

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 Gail M. Sudore GAIL M. SUDORE 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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUDORE, GAIL	1.2 NAME	
STREET ADDRESS	1129 ALAMANDA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	1.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNAH, GORDON	2.2 NAME	
STREET ADDRESS	1456 NE OCEAN BLVD 5-201	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DONALD	3.2 NAME	
STREET ADDRESS	865 NE VANDA TERRADO	3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIENER, KAREN	4.2 NAME	
STREET ADDRESS	1855 S KANNER HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA FRISCH	5.2 NAME	
STREET ADDRESS	167 3rd AVENUE NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF CHAMBERLIN	6.2 NAME	
STREET ADDRESS	10 STUART LAND CO. 2400 S.E. MONTEREY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34994	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: GAIL M. SUDORE APRIL 15, 1999 561-287-4360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0075486

CR2E037 (1-1/98)