


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90044 025 ****61.25

DOCUMENT # N98000003628

1. Entity Name
MARTIN COUNTY REGIONAL LAND TRUST, INC.




Principal Place of Business
**2720 SW MARTIN DOWNS BLVD
 PALM CITY, FL 34990**

Mailing Address
**PO BOX 3324
 STUART, FL 34996**

2. Principal Place of Business
7000 SE Federal Hwy
 Suite, Apt. #, etc.
205
 City & State
Stuart FL

3. Mailing Address
7088 SE Rivers Edge St
 Suite, Apt. #, etc.
 City & State
Jupiter FL
 Zip
33458
 Country
USA

54019876



02072004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**SOPKO, JAMES
 853 SE MONTEREY COMMONS BLVD
 STUART, FL 34996**

4. FEI Number
65-6296442

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DANIEL, DWANE PRUDENTIAL FLORIDA WCI REALTY PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KEHOE, PHYLLIS 4165 SE CENTERBOARD LANE PALM CITY, FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SNYDER, JAMES 8657 MERRITT WAY STUART, FL 34997 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KETTER, MARGARET 7088 SE RIVERS EDGE STREET JUPITER, FL 33458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, SMALL, CHRISTINE 33104 NW 192ND AVE OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Whitescarver, John 7750 Doubletree Drive Hobe Sound, FL 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Cole, Phyllis (fka Kehoe) 91 SE Cayuga Street Stuart, FL 34997 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Ketter, Margaret M. 7088 SE Rivers Edge Street Jupiter FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hannah, Gordon C. 3553 SE Fairway East Stuart, FL 34997 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Small, Christine 2211 Orleans Drive Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Margaret M. Ketter Secretary-Treasurer 3/16/04 1-561-747-9487
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #