

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P00000064852

1. Entity Name

SMF OF MARTIN COUNTY, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2550 SE Willoughby Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2550 SE Willoughby Blvd.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34994

Country

USA

Zip

34994

Country

USA

4. FEI Number

65-1031115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E034B (8/05)

FILED

07 MAY 16 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

COPOTE, BEATRIZ M.

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

799 Brickell Plaza

Suite 700

City

Miami, FL

FL

Zip Code

33131

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
MATAKAETIS, MICHAEL J.  
4551 E Spinnaker Point Place  
Stuart, FL 34994

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LASKARIS, SPIRO  
1724 SE Lake Washington Street  
Stuart, FL 34997

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
FOGAL, CHRISTOPHER E.  
102 NE Charleston Oaks Drive  
Port St. Lucie, FL 34983

TITLE  
NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other, I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/14/07 772-219-0749