2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90176 047 ***150.00

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1. Entity Name
GUARDIANS OF MARTIN COUNTY COMPREHENSIVE PLAN, INC.

Principal Place of Business
241 SOUTH BEACH ROAD
HOBE SOUND, FL 33455

Mailing Address
9307 S.E. OLYMPUS ST
HOBE SOUND, FL 33455

03312006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
11700 SE Old Dixie Hwy.
Suite, Apt. #, etc.
City & State: Hobe Sound FL
Zip: 33455 Country: Martin

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-1178927 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GAYLORD, MARC R ESQ
9307-B SE OLYMPUS STREET
HOBE SOUND, FL 33455

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AUER, BERNARD M	NAME	
STREET ADDRESS	PO BOX 1376	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND, FL 33475	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	TROTMAN, STANLEY	NAME	
STREET ADDRESS	241 SOUTH BEACH ROAD	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GRAND, LINDA	NAME	
STREET ADDRESS	3084 WIMBLEDON TERRACE	STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernard M Auer 4/24/06 772-546-7735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bernard M. Auer Date Daytime Phone #