

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra D. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** V72653  
1. Corporation Name

**MANHATTAN DEVELOPMENT COMPANY, INC. OF MARTIN COUNTY**

Principal Place of Business Mailing Address  
**915 Pine Castle Court** **P.O. Box 1974**  
**Stuart, Florida** **Stuart, Florida 34995-1974**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10-19-92</b>	3a. Date of Last Report <b>5-1-96</b>
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0366176</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
N. Dean Kohl, Jr. 50 S.E. Kindred Street Stuart, Florida 34994		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rolf S. Gunther	1.2 NAME	
STREET ADDRESS	915 Pine Castle Court	1.3 STREET ADDRESS	
CITY-STATE-ZIP	Stuart, Florida	1.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan S. Gunther	2.2 NAME	
STREET ADDRESS	915 Pine Castle Court	2.3 STREET ADDRESS	
CITY-STATE-ZIP	Stuart, Florida	2.4 CITY-STATE-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan S. Gunther	3.2 NAME	Patricia K. Bennett
STREET ADDRESS	915 Pine Castle Court	3.3 STREET ADDRESS	4050 NE Joe's Point Road
CITY-STATE-ZIP	Stuart, Florida	3.4 CITY-STATE-ZIP	Stuart, Florida 34996
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Jolly	4.2 NAME	
STREET ADDRESS	414 SW Log Drive	4.3 STREET ADDRESS	
CITY-STATE-ZIP	Port St. Lucie, Florida	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

**000002197290**  
**-06/02/97--01035--007**  
**\*\*\*165.00**

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

**SIGNATURE:** Rolf S. Gunther, President **5/13/97** **561-275-1234**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)