

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15996

**Entity Name:** HABITAT FOR HUMANITY OF MARTIN COUNTY, INC.

**Current Principal Place of Business:**

2555 SE BONITA STREET  
STUART, FL 34997

**Current Mailing Address:**

2555 SE BONITA STREET  
STUART, FL 34997 US

**FEI Number: 59-2816698**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GRAFF, MARGOT  
2555 SE BONITA STREET  
STUART, FL 34997 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name LACONTE, PATRICK J  
Address 3933 SE FAIRWAY EAST  
City-State-Zip: STUART FL 34997

Title VD  
Name FIORE, ROCCO  
Address 7054 SE BAY HILL DRIVE  
City-State-Zip: STUART FL 34997

Title SD  
Name FRICKE, MELISSA  
Address 800 SE MONTEREY COMMONS BLVD  
City-State-Zip: STUART FL 34996

Title TD  
Name ROY, ROBERT  
Address 8916 ONE PUTT PLACE  
City-State-Zip: PORT ST LUCIE FL 34986

Title ATD  
Name BROCK, DEBORAH  
Address 7599 SE BELLE MAISON  
City-State-Zip: STUART FL 34997

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT ROY**

**TREASURER**

**03/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date