

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000001606

FILED  
Apr 23, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE MARTINIQUE II AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

265 AIRPORT ROAD SOUTH  
NAPLES, FL 34101 US

**New Mailing Address:**

**FEI Number:** 59-3444602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARROLL, GLENN  
265 AIRPORT ROAD SOUTH  
NAPLES, FL 34108

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

R&P PROPERTY MANAGEMENT  
265 AIRPORT ROAD SOUTH  
NAPLES, FL 34108

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: STEVE CALLOWAY

04/23/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WAYNE, SIMMONS B  
Address: 3810 LONDONDERG LAND  
City-St-Zip: PADUCAH, KY 42001

Title: VPD ( ) Delete  
Name: RICKETTS, CAMMLIE  
Address: 975 TARPON COVE DR #102  
City-St-Zip: NAPLES, FL 34110

Title: VTD ( ) Delete  
Name: MEACHAM, MATTHEW  
Address: 965 TARPON COVE DR #203  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SIMMONS B WAYNE

PD

04/23/2002

Electronic Signature of Signing Officer or Director

Date