

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90355 019 \*\*\*\*61.25

**DOCUMENT # N98000004482**

1. Entity Name

**MARTINIQUE CONDOMINIUMS, INC.**

Principal Place of Business

Mailing Address

1166 Pelican Bay Drive  
 Daytona Beach, FL 32119

1166 Pelican Bay Drive  
 Daytona Beach, FL 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3523369**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

James Mack  
 140 Columbus Cir.  
 Longwood, FL 32750

Michele Barkin  
 1166 Pelican Bay Drive  
 Daytona Beach, FL 32119

**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.

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACK, JAMES R	
STREET ADDRESS	140 COLUMBUS CIR.	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACK, BONNIE	
STREET ADDRESS	140 COLUMBUS CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNOTT, WILSON A	
STREET ADDRESS	140 COLUMBUS CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PRES.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony Gautsch	
STREET ADDRESS	4767 S. Atlantic Ave. #604	
CITY-ST-ZIP	Ponce Inlet, FL 32127	
TITLE	<b>Vice Pres.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanne Weeks	
STREET ADDRESS	739 Bear Creek Circle	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	<b>Secy</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann Knudsen	
STREET ADDRESS	4767 S. Atlantic Ave. #701	
CITY-ST-ZIP	Ponce Inlet, FL 32127	
TITLE	<b>ASST Secy</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frances Zadel	
STREET ADDRESS	4767 S. Atlantic Ave. #302	
CITY-ST-ZIP	Ponce Inlet, FL 32127	
TITLE	<b>Treas.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Al Chubb	
STREET ADDRESS	4767 S. Atlantic Ave. #303	
CITY-ST-ZIP	Ponce Inlet, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)