

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90113 033 ****61.25

DOCUMENT # N98000004482

1. Entity Name

MARTINIQUE CONDOMINIUMS, INC.

Principal Place of Business

Mailing Address

**1166 NPELICAN BAY DR
 DAYTONA BEACH FL 32119**

**1166 NPELICAN BAY DR
 DAYTONA BEACH FL 32119**

2. Principal Place of Business

150 Dundee Rd.

3. Mailing Address

150 Dundee Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach Shores FL

City & State

Daytona Beach Shores FL

4. FEI Number

59-3523369

Applied For

Not Applicable

Zip

32118

Country

USA

Zip

32118

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BARKIN, MICHELE
 1166 PELICAN BAY DR
 DAYTONA BEACH FL 32119**

7. Name and Address of New Registered Agent

Name

~~Goodwin, Morris~~

Street Address (P.O. Box Number is Not Acceptable)

150 Dundee Rd.

City

Daytona Beach Shores

FL

Zip Code

32118

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

Morris Goodwin

Morris Goodwin

4-16-2002

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GAUTSCH, TONY 4767 S ATLANTIC AV 604 PONCE INLET FL 32127	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEEKS, JEANNE 739 BEAR CREEK CR WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNUDSEN, ANN 4767 S ATLANTIC AV 701 PONCE INLET FL 32127	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ZADEL, FRANCES 4767 S ATLANTIC AV 302 PONCE INLET FL 32127	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID CHUBB, AL 4767 S ATLANTIC AV 303 PONCE INLET FL 32127	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bonini, Charles 4767 S. Atlantic Ave. Unit 704 Ponce Inlet FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Byrne, Alan 4767 S. Atlantic Ave. Unit 301 Ponce Inlet FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Graham, Lloyd 4767 S. Atlantic Ave. Unit 404 Ponce Inlet FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Dowlen, Jeanine 4767 S. Atlantic Ave. Unit 202 Ponce Inlet FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bober, Timothy 4767 S. Atlantic Ave. Unit 402 Ponce Inlet FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I 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 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:

TIMOTHY A. BOBER **TIMOTHY A. BOBER** *Timothy A. Bober* **04/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)