


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90114 039 ****61.25

DOCUMENT # N98000004482 1. Entity Name MARTINIQUE CONDOMINIUMS, INC.					
Principal Place of Business 150 DUNDEE RD DAYTONA BEACH, FL 32118			Mailing Address 150 DUNDEE RD DAYTONA BEACH, FL 32118		
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	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOODWIN, MORRIS 150 DUNDEE RD DAYTONA BEACH, FL 32118			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDAHL, KEVIN		NAME	Knudsen, Edward	
STREET ADDRESS	4767 S ATLANTIC AVE UNIT 503		STREET ADDRESS	4767 S. Atlantic Ave. #701	
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP	Ponce Inlet FL 32127	
TITLE	VDP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYRNE, ALAN		NAME		
STREET ADDRESS	4767 S. ATLANTIC AVE. UNIT 301		STREET ADDRESS		
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAUTCH, KATHLEEN		NAME		
STREET ADDRESS	4767 S ATLANTIC AVE UNIT 604		STREET ADDRESS		
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP		
TITLE	AVPD	<input checked="" type="checkbox"/> Delete	TITLE	AVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNUDSEN, EDWARD		NAME	Bober, Cecelia M.	
STREET ADDRESS	4767 S ATLANTIC AVE UNIT 701		STREET ADDRESS	4767 S. Atlantic Ave. #402	
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP	Ponce Inlet FL 32127	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHUBB, WILLIAM		NAME	Graham, Lloyd	
STREET ADDRESS	4767 S ATLANTIC AVE UNIT 303		STREET ADDRESS	4767 S. Atlantic Ave. #404	
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP	Ponce Inlet FL 32127	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: <u>Edward E. Knudsen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-20-04 761-0183 <small>Date Daytime Phone #</small>		