

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90349 038 ****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

01312006 Chg-NP CR2E037 (11/05)



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

**GOODWIN, MORRIS
150 DUNDEE RD
DAYTONA BEACH, FL 32118**

Name **KAREN Suleman**
Street Address (P.O. Box Number is Not Acceptable)
3511 S. Peninsula Dr.
PORT ORANGE,
City **FL** Zip Code **32127**

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

Karen Suleman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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** ☐ Delete
NAME **KNUDSEN, EDWARD**
STREET ADDRESS **4767 S ATLANTIC AVE UNIT 701**
CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VDP** ☐ Delete
NAME **LINDAHL, KEVIN**
STREET ADDRESS **4767 S. ATLANTIC AVE. UNIT 503**
CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **GALE, DONALD**
STREET ADDRESS **4767 S ATLANTIC AVE UNIT 603**
CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AVPD** ☐ Delete
NAME **DOWLEN, JEANINE**
STREET ADDRESS **4767 S ATLANTIC AVE UNIT 202**
CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **GAUTSCH, ANTHONY**
STREET ADDRESS **4767 S ATLANTIC AVE UNIT 604**
CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Robert Suleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06

Date

Daytime Phone #