



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90052 027 ****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 - No P O Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02072007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3523369	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SOLOMAN, KAREN 3511 S PENINSULA DR PORT ORANGE, FL 32127			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)		
SIGNATURE _____			DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD KNUDSEN, EDWARD 4767 S ATLANTIC AVE UNIT 701 PONCE INLET, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP LINDAHL, KEVIN 4767 S. ATLANTIC AVE. UNIT 503 PONCE INLET, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-President Lindahl, Kevin 4767 S. Atlantic Ave #503 Ponce Inlet, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALE, DONALD 4767 S ATLANTIC AVE UNIT 603 PONCE INLET, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-President Gale, Donald 4767 S. Atlantic Ave #603 Ponce Inlet, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPD DOWLEN, JEANINE 4767 S ATLANTIC AVE UNIT 202 PONCE INLET, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Graham, Lloyd 4767 S. Atlantic Ave #404 Ponce Inlet, FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Secretary Biber, Cecelia 4767 S. Atlantic Ave #402 Ponce Inlet, FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Secretary Knudsen, Ann 4767 S. Atlantic Ave #701 Ponce Inlet, FL 32127 <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 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: 		Lloyd Graham		4/23/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Day/Time Phone #	

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