


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90020 036 \*\*\*\*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 #  
 Suite, Apt. #, etc.

3. Mailing Address  
**3511 S Peninsula Dr**  
 Suite, Apt. #, etc.

02182008 Chg-NP CR2E037 (12/06)

City & State  
**Port Orange FL 32127**

City & State  
**Port Orange FL 32127**

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        |
|---|--|
| <b>SOLOMAN, KAREN<br/>                     3511 S PENINSULA DR<br/>                     PORT ORANGE, FL 32127</b> | Name   |
|   | Street Address (P.O. Box Number is Not Acceptable) |
|   | City   |
|   | State <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Maryann Hanft MARYANN HANFT 3/19/20  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2008**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>GRAHAM, LLOYD<br>4767 S. ATLANTIC AVE #404<br>PONCE INLET, FL 32127 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LINDAHL, KEVIN<br>4767 S. ATLANTIC AVE. UNIT 503<br>PONCE INLET, FL 32127 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>Gordon Bennett<br>4767 S. ATLANTIC AVE # 604<br>PONCE INLET, FL 32127 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GALE, DONALD<br>4767 S ATLANTIC AVE UNIT 603<br>PONCE INLET, FL 32127 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BOBER, CECELIA<br>4767 S. ATLANTIC AVE #402<br>PONCE INLET, FL 32127 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>KNUDSEN, ANN<br>4767 S. ATLANTIC AVE #701<br>PONCE INLET, FL 32127 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input 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 3/17/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #