

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2009  
Secretary of State**

DOCUMENT# N98000004482

Entity Name: MARTINIQUE CONDOMINIUMS, INC.

**Current Principal Place of Business:**

150 DUNDEE RD  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

4767 S ATLANTIC AVE  
PONCE INLET, FL 32127

**Current Mailing Address:**

3511 S PENINSULA DR.  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 59-3523369      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOLOMAN, KAREN  
3511 S PENINSULA DR  
PORT ORANGE, FL 32127      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: GRAHAM, LLOYD  
Address: 4767 S. ATLANTIC AVE #404  
City-St-Zip: PONCE INLET, FL 32127

Title: VP      ( ) Delete  
Name: BENNETT, GORDON  
Address: 4767 S. ATLANTIC AVE # 604  
City-St-Zip: PORT ORANGE, FL 32127

Title: P      ( ) Delete  
Name: GALE, DONALD  
Address: 4767 S ATLANTIC AVE UNIT 603  
City-St-Zip: PONCE INLET, FL 32127

Title: S      ( ) Delete  
Name: BOBER, CECELIA  
Address: 4767 S. ATLANTIC AVE #402  
City-St-Zip: PONCE INLET, FL 32127

Title: S      ( ) Delete  
Name: KNUDSEN, ANN  
Address: 4767 S. ATLANTIC AVE #701  
City-St-Zip: PONCE INLET, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: BENNETT, GORDON  
Address: 4767 S. ATLANTIC AVE # 604  
City-St-Zip: PORT ORANGE, FL 32127

Title: S      (X) Change ( ) Addition  
Name: GALE, DONALD  
Address: 4767 S ATLANTIC AVE UNIT 603  
City-St-Zip: PONCE INLET, FL 32127

Title: P      (X) Change ( ) Addition  
Name: BOBER, CECELIA  
Address: 4767 S. ATLANTIC AVE #402  
City-St-Zip: PONCE INLET, FL 32127

Title: VP      (X) Change ( ) Addition  
Name: LINDAHL, KEVIN  
Address: 4767 S. ATLANTIC AVE #503  
City-St-Zip: PONCE INLET, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECELIA BOBER

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date