

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004482

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** MARTINIQUE CONDOMINIUMS, INC.

**Current Principal Place of Business:**

4767 S ATLANTIC AVE  
PONCE INLET, FL 32127

**New Principal Place of Business:**

**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:**

ROSKAMP, MARK  
3511 S PENINSULA DR  
PORT ORANGE, FL 32127 US

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: MARK ROSKAMP

03/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: STEIGER, WILLIAM  
Address: 125 WEST LAKE FAITH DR.  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: DOWLEN, RAYMOND  
Address: 4767 S. ATLANTIC AVE. UNIT 202  
City-St-Zip: PONCE INLET, FL 32127

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

Title: D  
Name: ELLISON, DENVER  
Address: 537 SE 15TH AVE  
City-St-Zip: OCALA, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: CECCLIA BOBER

PRES

03/30/2010

Electronic Signature of Signing Officer or Director

Date