

N980000004482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

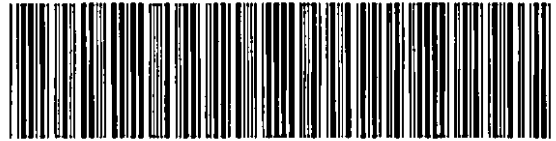
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JAN 29 PM 4:33



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2018

KATHERINE PASS, CORPORATE MANAGER  
PINNACLE ASSOCIATION MANAGEMENT, LLC  
430 NW LAKE WHITNEY PLACE  
PORT ST. LUCIE, FL 34986

SUBJECT: MARTINIQUE CONDOMINIUMS, INC.  
Ref. Number: N98000004482

We have received your document for MARTINIQUE CONDOMINIUMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 318A00025797

2019 JAN 29 PM 4:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MARTINIQUE CONDOMINIUMS, INC.  
Name of Corporation

DOCUMENT NUMBER: N98000004482

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

KATHERINE PASS, CORPORATE MANAGER  
Name of Contact Person

PINNACLE ASSOCIATION MANAGEMENT, LLC DBA WATSON ASSOCIATION MANAGEMENT  
Firm/Company

430 NW LAKE WHITNEY PLACE  
Address

PORT ST. LUCIE, FL 334986  
City/State and Zip Code

KATHYPASS@WATSONREALTYCORP.COM  
E-mail address: (to be used for future annual report notification)

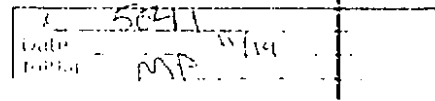
For further information concerning this matter, please call:

KATHERINE PASS at 772 871-0004  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



2018 JAN 29 PM 4:34  
RECEIVED  
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MARTINIQUE CONDOMINIUMS, INC.
2. The principal office address: 435 S. YONGE STREET, SUITE 3  
ORMOND BEACH, FL 32174
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/4/1998 Document number: N98000004482

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

101 S. PENINSULA DRIVE, SUITE 5 Chris D. Gilleland  
DAYTONA BEACH, FL 32114

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

PINNACLE ASSOCIATION MANAGEMENT, LLC  
430 NW LAKE WHITNEY PLACE  
P.O. Box NOT acceptable  
PORT ST LUCIE, FL 34986

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Ryszard J. Lozcki SECRETARY  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as registered  
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I  
hereby confirm that the corporation has been notified in writing of this change.

Katherine Pass  
Signature of Registered Agent

11/16/18  
Date

If signing on behalf of an entity:

KATHERINE PASS  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)