

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000718

FILED
Apr 16, 2009
Secretary of State

Entity Name: MARTINIQUE I AT BRIDGETOWN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5801 PELICAN BAY BOULEVARD
SUITE 600
NAPLES, FL 34108

New Principal Place of Business:

10801 CORKSCREW RD.
SUITE 421
ESTERO, FL 33928

Current Mailing Address:

5801 PELICAN BAY BOULEVARD
SUITE 600
NAPLES, FL 34108

New Mailing Address:

10801 CORKSCREW RD.
SUITE 421
ESTERO, FL 33928

FEI Number: 20-8617826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOEHR, TIMOTHY
OMNI MANAGEMENT SERVICES
27499 RIVERVIEW CENTER BLVD #238
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

AVALLONE, FRANCO
OMNI MANAGEMENT SERVICES
27499 RIVERVIEW CENTER BLVD #238
BONITA SPRINGS, FL 34134 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: FRANCO AVALLONE

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SACKETT, JOHN
Address: 5801 PELICAN BAY BOULEVARD, SUITE 600
City-St-Zip: NAPLES, FL 34108

Title: VPD () Delete
Name: CARALE, RICK
Address: 5801 PELICAN BAY BOULEVARD, SUITE 600
City-St-Zip: NAPLES, FL 34108

Title: STD () Delete
Name: LANDRESS, JOHN
Address: 5801 PELICAN BAY BOULEVARD, SUITE 600
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LANDRESS, JOHN
Address: 10801 CORKSCREW RD. SUITE 421
City-St-Zip: ESTERP, FL 33928

Title: VPD (X) Change () Addition
Name: NUNN, WILLY
Address: 10801 CORKSCREW RD. SUITE 421
City-St-Zip: ESTERO, FL 33928

Title: STD (X) Change () Addition
Name: LAHAYE, JIM
Address: 10801 CORKSCREW RD. SUITE 421
City-St-Zip: ESTERO, FL 33928

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: FRANCO AVALLONE

PM

04/16/2009

Electronic Signature of Signing Officer or Director

Date