

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005652

**Entity Name:** MARTINIQUE NO. 3 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

MIAMI MANAGEMENT, INC.  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323

**Current Mailing Address:**

MIAMI MANAGEMENT, INC.  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323

**FEI Number:** 20-5073948

**Certificate of Status Desired:** No

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

LEE, BALLARD ESQ.  
10100 W. SAMPLE RD.  
THIRD FLOOR  
CORAL SPRINGS, FL 33065 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:** LEE BALLARD

03/10/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PUERTA, ANDRES  
Address 1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title PRESIDENT  
Name GAMBINI, FELIX  
Address 1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title SECRETARY  
Name GERMANAVICHYUTE, VERONIKA  
Address 1145 SAWGRASS CORPORATE  
PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name CHALLENGER, SACHA  
Address MIAMI MANAGEMENT, INC.  
1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title TREASURER  
Name ZAPPALA, PABLO  
Address MIAMI MANAGEMENT, INC.  
1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

*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:** FELIX GAMBINI

PRESIDENT

03/10/2022

Electronic Signature of Signing Officer/Director Detail

Date