

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004482

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

**Current Principal Place of Business:**

4767 S ATLANTIC AVE  
PONCE INLET, FL 32127

**Current Mailing Address:**

3511 S PENINSULA DR.  
PORT ORANGE, FL 32127

**FEI Number: 59-3523369**

**Certificate of Status Desired: No**

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

Title P  
Name BONINI, CHUCK  
Address 4767 S. ATLANTIC AVENUE  
704  
City-State-Zip: PONCE INLET FL 32127

Title T.  
Name BARBER, RICK  
Address 4767 SOUTH ATLANTIC AVE  
303  
City-State-Zip: PONCE INLET FL 32127

Title VP  
Name GALE, DON  
Address 413 ARBOR LAKE COURT  
City-State-Zip: KISSIMMEE FL 34747

*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: CHUCK BONINI**

**PRESIDENT**

**04/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date