

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004482

**FILED**  
**Mar 11, 2020**  
**Secretary of State**  
**4444208862CC**

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

**Current Principal Place of Business:**

C/O WATSON ASSOCIATION MANAGEMENT  
435 S. YOUNGE STREET SUITE 3  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

435 S. YOUNGE STREET  
SUITE 3  
ORMOND BEACH, FL 32174

**FEI Number:** 59-3523369

**Certificate of Status Desired:** No

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

PASS, KATHERINE  
430 NW LAKE WHITNEY PLACE  
PORT ST LUCIE, FL 34986 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:** KATHERINE PASS

03/11/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RYSZARD, LOZICKI  
Address        WATSON ASSOCIATION  
                  MANAGEMENT  
                  435 S. YONGE STREET SUITE 3  
City-State-Zip: ORMOND BEACH FL 32174

Title            VP  
Name            ZUMWALT, URSZULA M.  
Address        WATSON ASSOCIATION  
                  MANAGEMENT  
                  435 S. YONGE STREET SUITE 3  
City-State-Zip: ORMOND BEACH FL 32174

Title            TREASURER  
Name            SHAW , WARREN  
Address        WATSON ASSOCIATION  
                  MANAGEMENT  
                  435 S. YONGE STREET SUITE 3  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            NOCK, RAYMOND J.  
Address        WATSON ASSOCIATION  
                  MANAGEMENT  
                  435 S. YONGE STREET SUITE 3  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            HELLER , JANNA M.  
Address        WATSON ASSOCIATION  
                  MANAGEMENT  
                  435 S. YONGE STREET SUITE 3  
City-State-Zip: ORMOND BEACH FL 32174

*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:** LOZICKI RYSZARD

PRESIDENT

03/11/2020

Electronic Signature of Signing Officer/Director Detail

Date