## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004482

Entity Name: MARTINIQUE CONDOMINIUMS, INC.

**FILED** Apr 17, 2015 **Secretary of State** CC1896234613

## **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 SECRETARY, PRESIDENT Title VΡ

RYSZARD, LOZICKI GALE, DON Name Name

413 ARBOR LAKE COURT Address 4767 S. ATLANTIC AVENUE Address

City-State-Zip:

KISSIMMEE FL 34747

**UNIT 401** 

City-State-Zip: PONCE INLET FL 32127

Title DIRECTOR Title T. Name

DELGADO, EDMUNDO Name BARBER, RICK 4737 S. ATLANTIC AVENUE

Address 4767 SOUTH ATLANTIC AVE Address **UNIT 404** 

City-State-Zip: PONCE INLET FL 32127 PONCE INLET FL 32127 City-State-Zip:

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.

04/17/2015 SIGNATURE: RYSZARD LOZICKI **PRESIDENT**