

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004482

Entity Name: MARTINIQUE CONDOMINIUMS, INC.**Current Principal Place of Business:**3511 S. PENINSULA DR.
PORT ORANGE, 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:**GILLELAND, CHRIS D.
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:** CHRIS D. GILLELAND

02/28/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RYSZARD, LOZICKI
Address 4767 S. ATLANTIC AVENUE
 UNIT 401
City-State-Zip: PONCE INLET FL 32127

Title TREASURER
Name CURA-BARBER, CATHLEEN
Address 4767 SOUTH ATLANTIC AVE
 302
City-State-Zip: PONCE INLET FL 32127

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

Title DIRECTOR
Name ZUMWALT, URSZULA M
Address 4737 S. ATLANTIC AVENUE
 UNIT 601
City-State-Zip: PONCE INLET FL 32127

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: RYSZARD LOZICKI

PRESIDENT

02/28/2017

Electronic Signature of Signing Officer/Director Detail

Date