FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **716802** **(4)**

1. Corporation Name

MARTINIQUE NORTH & SOUTH CONDOMINIUM ASSOCIATION , INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5200 GULF DR. HOLMES BEACH FL 34217	5200 GULF DR. HOLMES BEACH FL 34217

3. Date Incorporated or Qualified: **06/27/1969**
3a. Date of Last Report: **04/13/1994**
4. FEI Number: **59-1498811** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SCHOFIELD, SPENCER & LITTLE, P.A.
1429 FLAMINGO BLVD., STE 300
BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☑ Change ☐ Addition
NAME	DOBYNS, JOHN W	12 NAME	Abgott, Albert N.	
STREET ADDRESS	5200 GULF DR #203-5	13 STREET ADDRESS	5300 Gulf Dr #605-N	
CITY-ST-ZIP	HOLMES BCH FL	14 CITY-ST-ZIP	Holmes Beach, FL 34217	
TITLE	D	21 TITLE	V	☐ Change ☑ Addition
NAME	JERRY, GERALD J	22 NAME	Barker, William J	
STREET ADDRESS	5300 GULF DRIVE, 203-N	23 STREET ADDRESS	5300 Gulf Dr #206-N	
CITY-ST-ZIP	HOLMES BEACH FL	24 CITY-ST-ZIP	Holmes Beach, FL 34217	
TITLE	T	31 TITLE	S-T	☐ Change ☑ Addition
NAME	HARRISON, GEORGE R	32 NAME	Mantarian, George C.	
STREET ADDRESS	5200 GULF DR #104-S	33 STREET ADDRESS	5200 Gulf Dr #305-S	
CITY-ST-ZIP	HOLMES BCH FL	34 CITY-ST-ZIP	Holmes Beach, FL 34217	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	ABGOTT, ALBERT N	42 NAME		
STREET ADDRESS	5300 GULF DR. #605N	43 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	HUNTZINGER, OLIVER E	52 NAME		
STREET ADDRESS	5300 GULF DR. #509N	53 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BCH FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	HENKE, NORMAN J	62 NAME		
STREET ADDRESS	5200 GULF DR. #403-5	63 STREET ADDRESS		
CITY-ST-ZIP	HOMES BEACH FL	64 CITY-ST-ZIP		

BR 5/14

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Mantarian / George C. MANTARIAN 4/20/95 813-778-6543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063000