

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 716802 (4)

1. Corporation Name

MARTINIQUE NORTH & SOUTH CONDOMINIUM ASSOCIATION
, INC.

Principal Place of Business

5200 GULF DR.
HOLMES BEACH FL 34217

Mailing Address

5200 GULF DR.
HOLMES BEACH FL 34217



600001796206
-04/26/96--01043--037

3. Date of Last Report
06/27/1969

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

2055 Wood St.

Suite, Apt. #, etc.

27

City & State

28

Sarasota, FL

Zip

34237

Country

USA

4. FEI Number

59-1498811

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Property Accounting Management, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

2055 Wood Street

83 Suite

Suite 202

84 City

Sarasota

FL

85 Zip Code

34237

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ABGOTT, ALBERT N	
STREET ADDRESS	5300 GULF DR #605-N	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JERRY, GERALD J	
STREET ADDRESS	5300 GULF DRIVE, 203-N	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HARRISON, GEORGE R	
STREET ADDRESS	5200 GULF DR #104-S	
CITY-ST-ZIP	HOLMES BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ABGOTT, ALBERT N	
STREET ADDRESS	5300 GULF DR. #605N	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUNTZINGER, OLIVER E	
STREET ADDRESS	5300 GULF DR. #509N	
CITY-ST-ZIP	HOLMES BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENKE, NORMAN J	
STREET ADDRESS	5200 GULF DR. #403-5	
CITY-ST-ZIP	HOMES BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Moore, Joseph	
1.3 STREET ADDRESS	5300 Gulf Dr. 601-N	
1.4 CITY-ST-ZIP	Holmes Beach, FL 34217	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Swindall, Nathan	
2.3 STREET ADDRESS	5200 Gulf Dr. 201-S	
2.4 CITY-ST-ZIP	Holmes Beach, FL 34217	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Norris, Phillip	
3.3 STREET ADDRESS	5300 Gulf Dr. 602-N	
3.4 CITY-ST-ZIP	Holmes Beach, FL 32417	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Clarke, John	
4.3 STREET ADDRESS	5200 Gulf Dr. 203-S	
4.4 CITY-ST-ZIP	Holmes Beach, FL 34217	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dempsey, Jean	
5.3 STREET ADDRESS	5200 Gulf Dr. 206-S	
5.4 CITY-ST-ZIP	Holmes Beach, FL 34217	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Holton, George	
6.3 STREET ADDRESS	5300 Gulf Dr. 606-N	
6.4 CITY-ST-ZIP	Holmes Beach, FL 34217	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/12/96

CR2E037 (12/95)