

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771156

FILED
Jan 16, 2009
Secretary of State

Entity Name: CARIBE MARTINIQUE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1004 SE 8TH STREET
CAPE CORAL, FL 33990

New Principal Place of Business:

1004 SE 8TH STREET
UNIT 101
CAPE CORAL, FL 33990

Current Mailing Address:

21001 WINKEL
SAINT CLAIR SHORES, MI 48081 US

New Mailing Address:

FEI Number: 07-2440987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBBER, DENNIS
1004 SE 8TH STREET
UNIT 202
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

WEBER, DENNIS
1004 SE 8TH STREET
UNIT 202
CAPE CORAL, FL 33990 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: DENNIS WEBER

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SALVATORE, LICAVOKI
Address: 21801 WINKLER
City-St-Zip: SAINT CLAIR SHORES, MI 48081

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SALVATORE, LICAVOLI
Address: 21001 WINKEL
City-St-Zip: SAINT CLAIR SHORES, MI 48081

Title: PD () Change (X) Addition
Name: NOWORYTA, RUDY
Address: 4154 LAKESHORE RD
City-St-Zip: DECKERVILLE, MI 48427

Title: SD () Change (X) Addition
Name: BILTZ, MARY
Address: 36700 PAYNE ST
City-St-Zip: CLINTON TWP, MI 48035

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DENNIS WEBER

RA

01/16/2009

Electronic Signature of Signing Officer or Director

Date