

FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **N00508**

CORTE MARTINIQUE TOWN HOME
HOME OWNERS INC

55 MAY -1 PM 9:00

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **January 1985** 3a. Date of Last Report: **March 1994**
4. FEI Number: **59-2347398** Applied For: ☐ Not Applicable: ☐

2. Principal Place of Business: 2b. Mailing Address:
21. **11722 Chanticleer Dr** 2b. **11722 Chanticleer Dr**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. **N/A** 27. **N/A**
City & State: City & State:
23. **Pensacola, FL** 28. **Pensacola, FL**
24. **32507** 25. **Escambia** 29. **32507** 30. **Escambia**

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. 199.03, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Clarence E Hughes
11722 Chanticleer Dr
Pensacola, Florida 32507

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 officer 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

Clarence E Hughes

14 May 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

1. TITLE: **PRESIDENT**
2. NAME: **Clarence Hughes**
3. STREET ADDRESS: **11722 Chanticleer Dr**
4. CITY, ST, ZIP: **Pensacola, FL 32507**
5. TITLE: **VICE PRESIDENT**
6. NAME: **Patricia M Andrews**
7. STREET ADDRESS: **6115 Sequenza Dr**
8. CITY, ST, ZIP: **Pensacola, FL 32507**
9. TITLE: **Tina Carr, Secretary Treasurer**
10. NAME: **609 N 63rd Ave**
11. STREET ADDRESS: **Pensacola, FL 32506**
12. CITY, ST, ZIP: **32506**
13. CITY, ST, ZIP: **32506**
14. CITY, ST, ZIP: **32506**
15. CITY, ST, ZIP: **32506**
16. CITY, ST, ZIP: **32506**
17. CITY, ST, ZIP: **32506**
18. CITY, ST, ZIP: **32506**
19. CITY, ST, ZIP: **32506**
20. CITY, ST, ZIP: **32506**

1. TITLE: ☐ Change ☐ Addition
2. NAME: **600001547846**
3. STREET ADDRESS: **-07/27/95--01069--006**
4. CITY, ST, ZIP: *******25.00 *****25.00**
5. TITLE: ☐ Change ☐ Addition
6. NAME: **600001547846**
7. STREET ADDRESS: **-07/27/95--01069--007**
8. CITY, ST, ZIP: ******130.00 ****130.00**
9. TITLE: ☐ Change ☐ Addition
10. NAME: **600001547846**
11. STREET ADDRESS: **-07/27/95--01069--007**
12. CITY, ST, ZIP: ******130.00 ****130.00**
13. TITLE: ☐ Change ☐ Addition
14. NAME: **600001547846**
15. STREET ADDRESS: **-07/27/95--01069--007**
16. CITY, ST, ZIP: ******130.00 ****130.00**
17. TITLE: ☐ Change ☐ Addition
18. NAME: **600001547846**
19. STREET ADDRESS: **-07/27/95--01069--007**
20. CITY, ST, ZIP: ******130.00 ****130.00**

REMITTED BY MAY 1

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 199.03(6)(b), Florida Statutes. I further certify that the information included 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 192, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with or without this report.

SIGNATURE:

Clarence E Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Clarence E Hughes, President

04/11/95

(904)492-1400

Telephone Number