

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 # N00508

(4)

1. Corporation Name

CORTE MARTINIQUE TOWN HOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

11722 CHANTICLEER DR.
PENSACOLA FL 32507

11722 CHANTICLEER DR.
PENSACOLA FL 32507

2. Principal Place of Business

21 13260 Sorrento Rd.

2a. Mailing Address

26 13260 Sorrento Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PENSACOLA, FL

City & State

28 PENSACOLA, FL

Zip

24 32507

Country

25 ESC/USA

Zip

29 32507

Country

30 ESC/USA

3. Date Incorporated or Qualified
12/21/1983

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2347398

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

HUGHES, CLARENCE E
11722 CHANTICLEER DR.
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name CHRISTINE A. FLAMER-HENDERSON
82 Street Address (P.O. Box Number is Not Acceptable)
13260 Sorrento Rd.
83 PENSACOLA, FL 32507
84 City FL 85 Zip Code

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

Christine A. Flamer-Henderson

3/13/96

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

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	HUGHES, CLARENCE	11722 CHANTICLEER DR.	PENSACOLA FL 32507	<input checked="" type="checkbox"/>
DV	ANDREWS, PATRICIA	6115 SIQUENZA	PENSACOLA FL	<input type="checkbox"/>
ST	CARR, TINA	609 N. 63RD AVE	PENSACOLA FL 32506	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	D	13260 Sorrento Rd.	PENSACOLA, FL 32507	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	DV	ANDREWS, PATRICIA	6115 SIQUENZA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	DV	6115 SIQUENZA	PENSACOLA, FL 32507	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS				<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.4 CITY-ST-ZIP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	DS	CARR, TINA	609 N. 63RD AVE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	DS	609 N. 63RD AVE	PENSACOLA, FL 32506	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.4 CITY-ST-ZIP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>

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***\$61.25

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:

Christine A. Flamer-Henderson

3/13/96

(904) 492-2266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

4-9-96