

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00508 (4)

1. Corporation Name

CORTE MARTINIQUE TOWN HOMES HOMEOWNERS ASSOCIATI
ON, INC.

Principal Place of Business

Mailing Address

13260 SORRENTO RD.
PENSACOLA FL 3250713260 SORRENTO RD.
PENSACOLA FL 32507-8778605 N 63rd Ave
Pensacola, FL 32506605 N 63rd Ave
Pensacola, FL 325063. Date Incorporated or Qualified
12/21/19833a. Date of Last Report
04/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2347398

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. 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

FLAMER-HENDERSON, CHRISTINE A
13260 SORRENTO RD.
PENSACOLA FL 32507

DELETE

81 Name

CROSBY, ANN

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

605 N. 63rd Ave.

83

84 City

Pensacola

FL

85 Zip Code

32506

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 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 617.0503, Florida Statutes.

SIGNATURE: * Ann H. Crosby

3-17-97

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 D ☒ DELETENAME FLAMER-HENDERSON, CHRISTINE A
STREET ADDRESS 13260 SORRENTO RD.
CITY-ST-ZIP PENSACOLA FL 32507TITLE DV ☐ DELETENAME ANDREWS, PATRICIA
STREET ADDRESS 6115 SIQUENZA
CITY-ST-ZIP PENSACOLA FL 32507TITLE DS ☐ DELETENAME CARR, TINA
STREET ADDRESS 609 N. 63RD AVE.
CITY-ST-ZIP PENSACOLA FL 32506TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

ANN CROSBY
605 N 63rd Ave
PENSACOLA, FL
32506

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: * Ann H. Crosby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-97

Date

Daytime Phone # 0073023

CR2E037 (9/96)