

DOCUMENT # N00508

1. Entity Name

CORTE MARTINIQUE TOWN HOMES HOMEOWNERS ASSOCIATI

FILED
May 19, 2000 8:00 am
Secretary of State

04-05-2000 90060 047 ****61.25

Principal Place of Business

Mailing Address

605 N 63RD AVE
 PENSACOLA FL 32506
 US

605 N 63RD AVE
 PENSACOLA FL 32506-4517
 US

2. Principal Place of Business

3. Mailing Address

603 N 63rd Ave

603 N 63rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32506

Country

ESC/USA

Zip

32506

Country

ESC/USA

4. FEI Number

59-2347398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CROSBY, ANN
 605 N 63RD AVE.
 PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name

DAVID WISE

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

603 N 63rd Ave

City

Pensacola

FL

Zip Code

32506

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CROSBY, ANN	
STREET ADDRESS	605 N 63RD AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ANDREWS, PATRICIA	
STREET ADDRESS	6115 SIQUENZA	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WISE, DAVID D	
STREET ADDRESS	603 N 63RD AVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID WISE	
STREET ADDRESS	603 N 63rd Ave	
CITY-ST-ZIP	Pensacola FL 32506	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN CROSBY	
STREET ADDRESS	605 N 63rd Ave	
CITY-ST-ZIP	Pensacola FL	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY J. WISE	
STREET ADDRESS	603 N 63rd Ave	
CITY-ST-ZIP	Pensacola FL 32506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

DAVID WISE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00

Date

888 458 9220

Daytime Phone #

CR2E037 (9/99)