

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00508

1. Entity Name

CORTE MARTINIQUE TOWN HOMES HOMEOWNERS ASSOCIATI

**FILED**  
Jul 26, 2001 8:00 am  
Secretary of State

07-26-2001 90001 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

603 N 63RD AVE  
PENSACOLA FL 32506  
US

603 N 63RD AVE  
PENSACOLA FL 32506  
US

2. Principal Place of Business

3. Mailing Address

Town Homes  
Suite, Apt. #, etc.  
603 N 63rd Ave

Suite, Apt. #, etc.

City & State  
Pensacola FL

City & State

Zip, Country  
32506 FL

Zip Country

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

7. Name and Address of New Registered Agent

WISE, DAVID  
603 N 63RD AVE  
PENSACOLA FL 32506

Name

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

City

FL

Zip Code

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

*David Wise* DAVID WISE

7-23-01

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  
After September 12, 2001, min. will be \$236.25

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  
NAME WISE, DAVID ☐ Delete  
STREET ADDRESS 603 N 63RD AVE  
CITY-ST-ZIP PENSACOLA FL

TITLE DV  
NAME CROSBY, ANN ☐ Delete  
STREET ADDRESS 605 N 63RD AVE  
CITY-ST-ZIP PENSACOLA FL 32507

TITLE DS  
NAME WISE, MARY J ☐ Delete  
STREET ADDRESS 603 N 63RD AVE  
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(i), 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 an address with all other like empowered.

SIGNATURE:

*David Wise* DAVID WISE

7-23-01 5924183220

CR2E037 (5/01)