

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00508

1. Entity Name

CORTE MARTINIQUE TOWN HOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

TOWNHOMES
603 N 63RD AVENUE
PENSACOLA FL 32506
US

603 N 63RD AVE
PENSACOLA FL 32506
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

Name

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

City

FL

Zip Code

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

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-12 850 458 9220

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90017 026 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)