

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001106	
1. Entity Name MARTINIQUE OWNERS ASSOCIATION, INC.	

Principal Place of Business 15606 FRONT BEACH RD PANAMA CITY BEACH, FL 32413	Mailing Address 15606 FRONT BEACH RD PANAMA CITY BEACH, FL 32413
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04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 02-0577684	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BENNETT, DERRICK 112 E THIRD CT PANAMA CITY, FL
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DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

NOTE: Registered Agent signature required when reinstating.

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000124700
04/22/04-80053-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BENNETT, NEEL 15606 FRONT BEACH RD PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BENNETT, MIKE 15606 FRONT BEACH RD PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BENNETT, CLARK 15606 FRONT BEACH RD PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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.