

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001106

FILED
Apr 09, 2009
Secretary of State

Entity Name: MARTINIQUE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

15238 FRONT BEACH RD
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

15238 FRONT BEACH RD
PANAMA CITY BEACH, FL 32413 US

New Mailing Address:

FEI Number: 02-0577684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, DERRICK
101 HARRISON AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BENNETT, NEEL
Address: 15238 FRONT BEACH RD
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: D () Delete
Name: BENNETT, MIKE
Address: 15238 FRONT BEACH RD
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: D () Delete
Name: STRIBLIN, SAM
Address: 15238 FRONT BEACH RD
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: D () Delete
Name: CLEMENTS, JODY
Address: 3401 TRIMING HAM LANE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: SD () Delete
Name: FREE, REX
Address: 5420 HOPETOWN LANE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: TD () Delete
Name: RICE, TOMMY
Address: 5424 HOPETOWN LANE
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEEL BENNETT

MGR

04/09/2009

Electronic Signature of Signing Officer or Director

Date