## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000005661

FILED Apr 03, 2009 Secretary of State

Entity Name: MARTINIQUE NO. 2 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

MIAMI MANAGEMENT INC MIAMI MANAGEMENT INC 1145 SAWGRESS CIR PRKY 1145 SAWGRASS CORP PKWY

SUNRISE ON, FL 33323 SUNRISE, FL 33323

**Current Mailing Address:** New Mailing Address:

MIAMI MANAGEMENT INC MIAMI MANAGEMENT INC 1145 SAWGRESS CIR PRKY 1145 SAWGRASS CORP PKWY

SUNRISE ON, FL 33323 SUNRISE, FL 33323

FEI Number: 20-5073787 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAKALAR & EICHNER, P.A BAKALAR & EICHNER, P.A 150 SOUTH PINE ISLAND RD, SUITE 540 150 SOUTH PINE ISLAND RD, PLANTATION, FL 333247 US SUITE 540

PLANTATION, FL 33324 US

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: 04/03/2009

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

DIEZ, JULIO DIEZ, JULIO Name: Name: 114 SWAGRASS COPT CKWY Address: 1145 SAWGRASS CORP PKWY Address:

SUNRISE, FL 33323

City-St-Zip: SUNRISE, FL 33323 City-St-Zip:

Title: Title: (X) Change ( ) Addition ( ) Delete

DAES, YANIRA Name: DAES, YANIRA Name: Address: 1145 SAWGRASS CORP PKWY Address: 1145 SAWGRASS CORP PKWY

City-St-Zip: SUNRISE, FL 33323 City-St-Zip: SUNRISE, FL 33323

Title: DST () Delete Title: STD (X) Change ( ) Addition PWELL, MELISSA Name: POWELL, MELISSA Name:

1145 SAWGRALL CORP PKWY 1145 SAWGRASS CORP PKWY Address: Address:

City-St-Zip: SUNRISE, FL 33323 City-St-Zip: SUNRISE, FL 33323

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: JULIO DIEZ PD 04/03/2009