

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90019 031 \*\*\*\*61.25

|  |   |   |   |                                       |  |
|--|---|---|---|---------------------------------------|--|
| <b>DOCUMENT # N96000004965</b><br>1. Entity Name<br><b>MARTINIQUE NORTH CONDOMINIUM ASSOCIATION, INC.</b>  |   |   |   |                                       |  |
| Principal Place of Business<br><b>1205 MANATEE AVENUE WEST<br/>BRADENTON, FL 34205</b>   |   |   | Mailing Address<br><b>4301 32ND ST, W<br/>STE A-20<br/>BRADENTON, FL 34205</b>                                    |                                       |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |   |                                       |  |
| City & State   |   | City & State  |   |                                       |  |
| Zip  | Country   | Zip   | Country   | 4. FEI Number<br><b>65-0699027</b>    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>THOMPSON, STEPHEN W<br/>1205 MANATEE AVENUE WEST<br/>BRADENTON, FL 34205</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                       |  |
| 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.  |   |   | DATE  |                                       |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   | DATE  |                                       |  |
| <b>Filing Fee Is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>    |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |   |                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>GEIST, LARRY<br>5300 GULF DR #306<br>HOLMES BEACH, FL 34217     | <input type="checkbox"/> Delete   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>FRYE, PATSY<br>5300 GULF DR #205N<br>HOLMES BCH, FL 34219        | <input checked="" type="checkbox"/> Delete  |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MORSE, EMERY J<br>5300 GULF DR #209N<br>HOLMES BEACH, FL 34217  | <input type="checkbox"/> Delete   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SDTD<br>HARBSMEIER, CURT<br>P.O. BOX 6455<br>LAKELAND, FL 33807       | <input type="checkbox"/> Delete   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>PIRRIS, JOHN<br>5300 GULF DR, # 606<br>BRADENTON BEACH, FL 34217 | <input type="checkbox"/> Delete   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DIRECTOR<br>JUDY WOLF<br>4402 W. AZEELE ST.<br>TAMPA, FL 33709        |   |   |                                       |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |   |   |   |                                       |  |
| <b>SIGNATURE:</b> <u>Emery J. Morse</u> <span style="float: right;">2/5/08</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |   |                                       |  |