2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004965

FILED Apr 08, 2009 Secretary of State

Entity Name: MARTINIQUE NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1205 MANATEE AVENUE WEST 4301 32ND ST. W. BRADENTON, FL 34205 SUITE A-20 BRADENTON, FL 34205 **Current Mailing Address: New Mailing Address:** 4301 32ND ST, W STE A-20 BRADENTON, FL 34205 FEI Number: 65-0699027 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: THOMPSON, STEPHEN W C&S CONDOMINIUM MGMT SRVCS INC. 1205 MANATEE AVENUE WEST 4301 32ND ST. W. BRADENTON, FL 34205 SUITE A-20 BRADENTON, FL 34205 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: C&S CONDO. MGMT. SRVCS INC. 04/08/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GEIST, LARRY Name: Name: 5300 GULF DR #306 Address: Address: City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: Title: Title: (X) Change () Addition () Delete WOLF, JUDY Name: GROSS, PETE Name: Address: 4402 W. AZEELE ST. Address: 5300 GULF DRIVE #105 City-St-Zip: TAMPA, FL 33709 City-St-Zip: HOLMES BEACH, FL 34217 Title: PD() Delete Title: () Change () Addition MORSE, EMERY J Name: Name: 5300 GULF DR #209N Address: Address: City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: () Delete Title: SDTD Title: () Change () Addition Name: HARBSMEIER, CURT Name: Address: P.O. BOX 6455 Address: City-St-Zip: LAKELAND, FL 33807 City-St-Zip: Title: () Delete Title: () Change () Addition PIRRIS, JOHN Name: Name: 5300 GULF DR, # 606 Address: Address: BRADENTON BEACH, FL 34217 City-St-Zip: 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: EMERY MORSE MR. 04/08/2009