

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N97000001090 (6)**

1. Corporation Name

THE MARTINIQUE AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**24301 WALDEN CENTER DR. SUITE 300
BONITA SPRINGS FL 34134**

Mailing Address

**24301 WALDEN CENTER DR. SUITE 300
BONITA SPRINGS FL 34134**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**DEBOEST, RICHARD D
1415 HENDRY ST
FT MYERS FL 33901**

3. Date Incorporated or Qualified

02/25/1997

4. FEI Number

59-3440783

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Vivien Hastings

82 Street Address (P.O. Box Number is Not Acceptable)

24301 Walden Center Drive

83

Suite 300

84 City

Bonita Springs

FL

85 Zip Code

34134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1/21/98

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | GUNDERSON, JOHN | |
| STREET ADDRESS | 801 LAUREL OAK DRIVE, SUITE 500 | |
| CITY-ST-ZIP | NAPLES FL 34108 | |

| | | |
|----------------|--|--|
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | GOENAGAON, ARMANDO | |
| STREET ADDRESS | 801 LAUREL OAK DRIVE, SUITE 102 | |
| CITY-ST-ZIP | NAPLES FL 34108 | |

| | | |
|----------------|--|--|
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | PRITCHARD, SUSAN | |
| STREET ADDRESS | 801 LAUREL OAK DRIVE, SUITE 102 | |
| CITY-ST-ZIP | NAPLES FL 34108 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Moscato, Albert F. Jr. | |
| 1.3 STREET ADDRESS | 24301 Walden Center Drive | |
| 1.4 CITY-ST-ZIP | Bonita Springs, FL 34134 | |

| | | |
|--------------------|----------------------------------|--|
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Goenaga, Armando | |
| 2.3 STREET ADDRESS | 24301 Walden Center Drive | |
| 2.4 CITY-ST-ZIP | Bonita Springs, FL 34134 | |

| | | |
|--------------------|----------------------------------|--|
| 3.1 TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Ebenger, Mary Beth | |
| 3.3 STREET ADDRESS | 24301 Walden Center Drive | |
| 3.4 CITY-ST-ZIP | Bonita Springs, FL 34134 | |

| | | |
|--------------------|--|---|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. 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 annual report or supplemental annual 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 12 or Block 13.

SIGNATURE: *Mary Beth Ebenger, Secretary*

1/21/98

(941) 947-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0082419**

CR2E037 (10/97)