

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90096 032 ****61.25

DOCUMENT # N97000001090

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

21 995 Tarpon Cove Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 9709
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

02/25/1997

4. FEI Number

59-3440783

Applied For

Not Applicable

23 City & State

Naples, FL

27 City & State

Naples, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip 25 Country

34110 US

28 Zip 29 Country

34101 US

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HASTINGS, VIVIAN
24301 WALDEN CENTER DR
STE. 300
BONITA SPRINGS FL 34143

10. Name and Address of New Registered Agent

81 Name

Leo F. Williams

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

709 103rd Avenue N.

83

84 City

Naples

FL

85 Zip Code

34108

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME MOSCATO, ALBERT F JR
STREET ADDRESS 24301 WALDEN CENTER DR, STE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE VD ☒ DELETE
NAME GOENAGA, ARMANDO
STREET ADDRESS 24301 WALDEN CENTER DR, STE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE STD ☒ DELETE
NAME EBINGER, MARY BETH
STREET ADDRESS 24301 WALDEN CENTER DR, STE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Evers, William
1.3 STREET ADDRESS 5156 Kings Park Dr.
1.4 CITY-ST-ZIP Saint Louis, Mo 63129

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Hennings, Gloria
2.3 STREET ADDRESS 11529 Kemper Woods Dr.
2.4 CITY-ST-ZIP Cincinnati, OH 45249

3.1 TITLE STD ☐ Change ☒ Addition
3.2 NAME Herberholz, Joyce
3.3 STREET ADDRESS 2840 Birchview Drive
3.4 CITY-ST-ZIP Kewadin, MI 49648

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM EVERS
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99 9448978020

CR2E037 (1/98)