

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000001090****1. Entity Name**

THE MARTINIQUE AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

**Principal Place of Business**

995 TARPON COVE DR

NAPLES  
34110

FL

US

**Mailing Address**

P.O. BOX 9709

NAPLES  
34101

FL

US

**2. Principal Place of Business**

265 AIRPORT ROAD SOUTH

**3. Mailing Address**

265 AIRPORT ROAD SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

NAPLES

FL

**City & State**

NAPLES

FL

**Zip**

34104

**Country**

US

**Zip**

34104

**Country**

US

**4. FEI Number****59-3440783****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**HART STEPHEN P  
4985 TAMiami TRAIL EASTNAPLES  
34113

FL

**7. Name and Address of New Registered Agent****Name**

CARROLL GLENN

Street Address (P.O. Box Number is Not Acceptable)  
265 AIRPORT ROAD SOUTHCity  
NAPLES

FL

Zip Code  
34104

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.

SIGNATURE **GLENN CARROLL****04/29/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:  
FEE IS \$61.25****9. Election Campaign Financing  
Trust Fund Contribution.**☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERBERHOLZ JOYCE 2840 BIRCHVIEW DRIVE KEWADIN MI 49648	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENNINGS GLORIA 11529 KEMPER WOODS DR CINCINNATI OH 45249	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVERS WILLIAM 5156 KINGS PARK DR ST LOUIS MO 63129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERBERHOLZ JOYCE 2840 BIRCHVIEW DRIVE KEWADIN MI 49648	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLMAN CLARK 1005 TARPON COVE DR NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HENNINGS GLORIA 11529 KEMPER WOODS DR CINCINNATI OH 45249	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:**

JOYCE HERBERHOLZ

PD

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)