2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000001606

FILED Apr 09, 2008 Secretary of State

Entity Name: THE MARTINIQUE AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

965-1045 TARPON COVE DR. NAPLES, FL 34110 US

Current Mailing Address: New Mailing Address:

965-1045 TARPON COVE DR. 1016 COLLIER CENTER WAY #102 NAPLES, FL 34110 US NAPLES, FL 34110 US

FEI Number: 59-3444602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PLATINUM PROPERTY MANAGEMENT, LLC 1016 COLLIER CENTER WAY SUITE 102 NAPLES, FL 34110 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: JUDITH BONACCI

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 BUONAMICI, ROBERT
 Name:

 Address:
 1005 TARPON COVE DRIVE #103
 Address:

City-St-Zip: NAPLES, FL 34110 City-St-Zip:

Title: VPD () Delete Title: STR (X) Change () Addition

Name: PETERSON, WILLIAM Name: OHNESORGE, JOHN

Address: 1025 TARPON COVE DRIVE Address: 1045 TARPON COVE DRIVE #104

City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

Title: STD () Delete Title: VP (X) Change () Addition

 Name:
 COMER, MARGARET
 Name:
 DUNCAN, PAT

 Address:
 1005 TARPON COVE DRIVE #204
 Address:
 1005 TARPON COVE DRIVE #103

City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

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

SIGNATURE: ROBERT BUONAMICI P 04/09/2008

above, or on an attachment with an address, with all other like empowered.