

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000002650**

1. Entity Name

**THE MARTINIQUE III AT TARPON COVE CONDOMINIUM AS****FILED****May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90160 046 \*\*\*\*61.25

Principal Place of Business <b>24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS FL 34134</b>	Mailing Address <b>24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS FL 34134-4920</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3450182**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HASTINGS, VIVIAN N  
24301 WALDEN CENTER DR  
STE 300  
BONITA SPRINGS FL 34134**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FLINN, MILTON G 24301 WALDEN CENTER DRIVE, SUITE 300 BONITA SPRINGS FL 34134</b>	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP Kenneth W. Hayden 24301 Walden Center Drive Bonita Springs, FL. 34134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD OAK, TIMOTHY 24301 WALDEN CENTER DRIVE, SUITE 300 BONITA SPRINGS FL 34134</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD Yvonne Blair 24301 Walden Center Drive Bonita Springs, FL. 34134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD EASTMAN, KELLI 24301 WALDEN CENTER DR, STE 300 BONITA SPRINGS FL 34134</b>	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BIDWELL, PAULA 24301 WALDEN CENTER DR, STE 300 BONITA SPRINGS FL 34134</b>	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MCCALL, THOMAS 24301 WALDEN CENTER DR, STE 300 BONITA SPRINGS FL 34134</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 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:****SIGNATURE REQUIRED KENNETH W HAYDEN 941-498-8620**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)