

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000002650

FILED
Mar 21, 2002 8:00 AM
Secretary of State

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

Current Principal Place of Business:

PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-3450182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN N
PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

CALLOWAY, STEVE
PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 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: STEVE CALLOWAY

03/21/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PITTS, ROBERT
Address: 1045 TARPON COVE DR #103
City-St-Zip: NAPLES, FL 34110

Title: VPD () Delete
Name: JACUES, ED
Address: 1035 TARPON COVE DR #103
City-St-Zip: NAPLES, FL 34110

Title: STD () Delete
Name: MINIHAN, DIANE
Address: 1035 TARPON COVE DR #104
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAINE MINIHAN

STD

03/21/2002

Electronic Signature of Signing Officer or Director

Date