

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **735846** (8)  
Corporation Name

**ISLANDS-MARTINIQUE ASSOCIATION, INC.**

Principal Place of Business

**1893 SOUTH OCEAN DRIVE  
HALLANDALE FL 33009**

Mailing Address

**1893 SOUTH OCEAN DRIVE  
HALLANDALE FL 33009**

**c/o Grant Property Mgmt.**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** **1761 W. Hillsboro Blvd.**

Suite, Apt. #, etc.

**27** **Suite #205**

City & State

**28** **Deerfield Beach, FL**

Zip Country

**29** **33442** **30** **USA**

9. Name and Address of Current Registered Agent

**INGRASSIA, ROSEANN  
1893 SOUTH OCEAN DRIVE  
UNIT #909  
HALLANDALE FL 33009**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

3. Date Incorporated or Qualified

**05/18/1976**

4. FEI Number

**59-1236266**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME **T**  
**WEISBERG, SAM**  
STREET ADDRESS **1893 S OCEAN DRIVE, #605**  
CITY-ST-ZIP **HALLANDALE FL**

D ☐ DELETE

NAME **D**  
**CHARTIER, ROBERT**  
STREET ADDRESS **1893 S OCEAN DRIVE, #203**  
CITY-ST-ZIP **HALLANDALE FL**

D ☐ DELETE

NAME **D**  
**MILONE, MARY**  
STREET ADDRESS **1893 S OCEAN DRIVE #912**  
CITY-ST-ZIP **HALLANDALE FL**

D ☐ DELETE

NAME **D**  
**ZAICHICK, MAX**  
STREET ADDRESS **1893 S OCEAN DRIVE, #108**  
CITY-ST-ZIP **HALLANDALE FL**

S ☐ DELETE

NAME **S**  
**SILVERMAN, FINA**  
STREET ADDRESS **1893 S OCEAN DRIVE, #602**  
CITY-ST-ZIP **HALLANDALE FL**

VP ☐ DELETE

NAME **VP**  
**D'ERRICO, ELEANOR**  
STREET ADDRESS **1893 S OCEAN DRIVE, #408**  
CITY-ST-ZIP **HALLANDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

**\$ BANK**

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 or 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.

SIGNATURE

CR2E037 (10/97)