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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 737494 (5)

1. Corporation Name

MARTINIQUE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066
US

Mailing Address

1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066-1485
US



3. Date Incorporated or Qualified
12/09/1976

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
59-1708042

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAVO, PAT T.
1310 AVENUE OF THE STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
COCONUT CREEK FL. 33066

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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 VPD ☐ DELETE
NAME WEISS, GERTRUDE
STREET ADDRESS 4502 MARTINIQUE WAY APT E-4
CITY-ST-ZIP COCONUT CREEK FL

TITLE P ☐ DELETE
NAME SALZER, FANNIE
STREET ADDRESS 4802 F-1 MARTINIQUE WAY
CITY-ST-ZIP COCONUT CREEK, FL 00000

TITLE S ☐ DELETE
NAME WEISSMAN, CARL
STREET ADDRESS 4502 D-4 MARTINIQUE WAY
CITY-ST-ZIP COCONUT CREEK FL

TITLE TD ☒ DELETE
NAME GELLES, ERNEST
STREET ADDRESS 4502 A4 MARTINIQUE WAY
CITY-ST-ZIP COCONUT CREEK, FL 0

TITLE D ☒ DELETE
NAME LINTEN, SAM
STREET ADDRESS 4802 MARTINIQUE WAY APT E-2
CITY-ST-ZIP COCONUT CREEK FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT ☒ 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 VD ☐ Change ☒ Addition
4.2 NAME Jacob Klein
4.3 STREET ADDRESS 4502 Martinique Way, Apt. G-1
4.4 CITY-ST-ZIP Coconut Creek, FL 33066

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Shirley Linten
5.3 STREET ADDRESS 4502 Martinique Way, Apt. E-2
5.4 CITY-ST-ZIP Coconut Creek, FL 33066

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Fannie Salzer *Fannie Salzer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97 (954) 978-2400
Date Daytime Phone # 0025533

CR2E037 (9/96)