FILE NOW: FILING FEE IS $61.25

**FILED
Jun 10, 1999 8:00 am
Secretary of State**
06-10-1999 90038 001 *2,695.00

DOCUMENT # **737494**   **(5)**
1. Corporation Name

MARTINIQUE I CONDOMINIUM ASSOCIATION, INC.

* 5   574644 - 90038 - 15   4   *

Principal Place of Business	Mailing Address
1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US	1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US

3. Date Incorporated or Qualified
12/09/1976

4. FEI Number   Applied For
59-1708042   Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT NAME WEISS, GERTRUDE STREET ADDRESS 4502 MARTINIQUE WAY APT E-4 CITY-ST-ZIP COCONUT CREEK FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE P NAME SALZER, FANNIE STREET ADDRESS 4602 F-1 MARTINIQUE WAY CITY-ST-ZIP COCONUT CREEK, FL 00000	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE S NAME WEISSMAN, CARL STREET ADDRESS 4502 D-4 MARTINIQUE WAY CITY-ST-ZIP COCONUT CREEK FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE VD NAME KLEIN, JACOB STREET ADDRESS 4502 MARTINIQUE WAY, APT G-1 CITY-ST-ZIP COCONUT CREEK, FL 0	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE D NAME LINTEN, SHIRLEY STREET ADDRESS 4602 MARTINIQUE WAY, APT E-2 CITY-ST-ZIP COCONUT CREEK FL	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: *Fannie H. Salzer*   FANNIE H. SALZER 5/19/99 (954) 978-2600
PRESIDENT