

2001 UNIFORM BUSINESS REPORT (UBR)

03-26-2001 90157 001 *2,695.00

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DOCUMENT # 737494

1. Entity Name

MARTINIQUE I CONDOMINIUM ASSOCIATION, INC.

FILED
01 MAR 26 AM 10:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1708042

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DT	WEISS, GERTRUDE	4502 MARTINIQUE WAY APT E-4	COCONUT CREEK FL	<input type="checkbox"/>
PD	SALZER, FANNIE	4602 F-1 MARTINIQUE WAY	COCONUT CREEK FL	<input type="checkbox"/>
SD	WEISSMAN, CARL	4502 D-4 MARTINIQUE WAY	COCONUT CREEK FL	<input type="checkbox"/>
VD	KLEIN, JACOB	4502 MARTINIQUE WAY, APT G-1	COCONUT CREEK, FL 0	<input type="checkbox"/>
D	LINTEN, SHIRLEY	4602 MARTINIQUE WAY, APT E-2	COCONUT CREEK FL	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

FANNIE H. SALZER **FANNIE H. SALZER** 1/22/01 (954) 978-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)