

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737494

FILED
Apr 15, 2005
Secretary of State

Entity Name: MARTINIQUE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1310 AVENUE OF THE STARS
COCONUT CREEK, FL 33066 US

New Principal Place of Business:

Current Mailing Address:

1310 AVENUE OF THE STARS
COCONUT CREEK, FL 33066 US

New Mailing Address:

FEI Number: 59-1708042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WEISS, GERTRUDE
Address: 4502 MARTINIQUE WAY APT E-4
City-St-Zip: COCONUT CREEK, FL 33066

Title: PD () Delete
Name: SALZER, FANNIE H.
Address: 4602 MARTINIQUE WAY, APT F-1
City-St-Zip: COCONUT CREEK, FL 33066

Title: VPD () Delete
Name: WEISSMAN, CARL
Address: 4502 MARTINIQUE WAY, APT D-4
City-St-Zip: COCONUT CREEK, FL 33066

Title: SD () Delete
Name: KLEIN, JACOB
Address: 4502 MARTINIQUE WAY, APT G-1
City-St-Zip: COCONUT CREEK, FL 33066

Title: D () Delete
Name: SCHECKMAN, ANNE
Address: 4602 MARTINIQUE WAY, APT. B-2
City-St-Zip: COCONUT CREEK, FL 33066

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:

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: FANNIE H. SALZER

PD

04/15/2005

Electronic Signature of Signing Officer or Director

Date