

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737494

FILED  
Apr 11, 2006  
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:**

BRUCE BANDLER  
1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

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: BRUCE BANDLER

04/11/2006

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 Chapter 119, 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

P

04/11/2006

Electronic Signature of Signing Officer or Director

Date