

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737494

FILED
Apr 09, 2009
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:

BRUCE BANDLER
1310 AVENUE OF THE STARS
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: ULLMAN, HENRY
Address: 4501 MARTINIQUE WAY APT B-2
City-St-Zip: COCONUT CREEK, FL 33066

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

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

Title: SD () Delete
Name: GOLDBERG, SANDRA
Address: 4501 MARTINIQUE WAY, APT F-4
City-St-Zip: COCONUT CREEK, FL 33066

Title: VPD (X) Delete
Name: LIEBMAN, JUDITH
Address: 4502 MARTINIQUE WAY, APT. F-1
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GOLDBERG, RONALD
Address: 4501 MARTINIQUE WAY, APT F4
City-St-Zip: COCONUT CREEK, FL 33066

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LIEBMAN, JUDITH
Address: 4502 MARTINIQUE WAY, APT F1
City-St-Zip: COCONUT CREEK, FL 33066

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CARL WEISSMAN

P

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date