

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740499 (9)

1. Corporation Name

MARTINIQUE VILLAGE III ASSOCIATION, INC.



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
10/24/1977

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1775975

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD

MILLER, NAOMI

4801 FA MARTINIQUE WAY
COCONUT CREEK FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD

MOSOLINO, MICHAEL

4801 C1 MARTINIQUE PLACE
COCONUT CREEK FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S

KATZ, SHIRLEY

4801 H1 MARTINIQUE WAY
COCONUT CREEK FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

RUBENSTEIN, ISIDORE

4801 B1 MARTINIQUE WAY
COCONUT CREEK FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

GRIFFIN, EDGAR

4801 G1 MARTINIQUE WAY
COCONUT CREEK FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Frank Hopkins - Frank Hopkins

1/26/96

(404) 968-2527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)