

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 7:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744526 (5)

1. Corporation Name
**MARTINIQUE VILLAGE II "A" CONDOMINIUM ASSOCIATIO
N, INC.**

Principal Place of Business Mailing Address
**1001 WYNMOOR CIRCLE
COCONUT CREEK FL 33066** **1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
10/11/1978 **03/18/1994**
4. FEI Number Applied For
59-1836433 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 1310 Avenue of the Stars **26**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 Coconut Creek, Florida **28**
Zip Country Zip Country
24 33066 **25 USA** **29** **30**

5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**RAVO, PAT T.
1310 AVENUE OF THE STARS
1001 WYNMOOR CRCL.
COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARATZ, HAROLD
STREET ADDRESS	4702 H4 MARTINIQUE DR.
CITY - ST - ZIP	COCONUT CREEK, FL 0
TITLE	VPD
NAME	MILLER, EVELYN
STREET ADDRESS	4702 B4 MARTINIQUE DR.
CITY - ST - ZIP	COCONUT CREEK, FL 0
TITLE	TD
NAME	CAPTAIN, RITA
STREET ADDRESS	4702 A-3 MARTINIQUE DR.
CITY - ST - ZIP	COCONUT CREEK, FL 0
TITLE	SD
NAME	GREENBERG, ISIDORE
STREET ADDRESS	4702 E-4 MARTINIQUE DR.
CITY - ST - ZIP	COCONUT CREEK, FL 0
TITLE	D
NAME	GOODSIDE, IRENE
STREET ADDRESS	4702 H-3 MARTINIQUE DR.
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S
4.3 STREET ADDRESS	Augustin, Marie
4.4 CITY - ST - ZIP	4702 G-4 Martinique Drive Coconut Creek, Florida
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold Baratz 1/16/95 972-5563
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #