

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 # 744526 (5)
1. Corporation Name
MARTINIQUE VILLAGE II "A" CONDOMINIUM ASSOCIATION, INC.



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

3. Date incorporated or Qualified: **10/11/1978**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-1836433**
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

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BARATZ, HAROLD	
STREET ADDRESS	4702 H4 MARTINIQUE DR.	
CITY-ST-ZIP	COCONUT CREEK, FL 0	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MILLER, EVELYN	
STREET ADDRESS	4702 B4 MARTINIQUE DR.	
CITY-ST-ZIP	COCONUT CREEK, FL 0	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CAPTAIN, RITA	
STREET ADDRESS	4702 A-3 MARTINIQUE DR.	
CITY-ST-ZIP	COCONUT CREEK, FL 0	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	AUGUSTIN, MARIE	
STREET ADDRESS	4702 G-4 MARTINIQUE DRIVE	
CITY-ST-ZIP	COCONUT CREEK, FL 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODSIDE, IRENE	
STREET ADDRESS	4702 H-3 MARTINIQUE DR.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marilyn Bullaben
4.3 STREET ADDRESS	4702 Martiniqee Drive, Apt. F-3
4.4 CITY-ST-ZIP	Coconut Creek, FL 33066
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 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: *Harold Baratz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/12/96** Daytime Phone #: **(954) 968-2527**

CR2E037 (12/95)