

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 744526 (5)
1. Corporation Name
**MARTINIQUE VILLAGE II "A" CONDOMINIUM ASSOCIATIO
N, 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 33066-1485
US**

3. Date Incorporated or Qualified **10/11/1978** 3a. Date of Last Report **03/22/1996**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1836433	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAVO, PAT T.
1310 AVENUE OF THE STARS
1001 WYNMOOR CRCL.
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARATZ, HAROLD	1.2 NAME	
STREET ADDRESS	4702 H4 MARTINIQUE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 0	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, EVELYN	2.2 NAME	
STREET ADDRESS	4702 B4 MARTINIQUE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 0	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPTAIN, RITA	3.2 NAME	
STREET ADDRESS	4702 A-3 MARTINIQUE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 0	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLABON, MARILYN	4.2 NAME	
STREET ADDRESS	4702 MARTINIQUE DRIVE APT F-3	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 0	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODSIDE, IRENE	5.2 NAME	
STREET ADDRESS	4702 H-3 MARTINIQUE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **11A ROBERT J. BARATZ** *Harold J. Baratz* (954) 976-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025544

CR2E037 (9/96)