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Apr 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/11/1978		
4. FEI Number 59-1836433	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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	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 checked="" 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	SD	<input checked="" type="checkbox"/> DELETE
NAME	BALLABON, MARILYN	
STREET ADDRESS	4702 MARTINIQUE DRIVE APT F-3	
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 checked="" type="checkbox"/> Addition
2.2 NAME	VP/D Martin Benkowitz
2.3 STREET ADDRESS	4702 Martinique Dr, Apt. F-1
2.4 CITY-ST-ZIP	Coconut Creek, FL 33066
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	SD Marie Augustine
4.3 STREET ADDRESS	4702 Martinique Drive, Apt. G-4
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 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: *Harold Baratz* *Sandra B. Mortham* 3/ (954) 978-2600

CR2E037 (10/97)