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**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90038 001 \*2,695.00

DOCUMENT # 744526 (5)  MARTINIQUE VILLAGE II "A" CONDOMINIUM ASSOCIATIO					* 5 746	* 5 74644 - 90638 - 16 * *		
N, INC	C.	DNDOMINIUM ASSOCIA	TIO		) 1881H 1881H 8181H 8181H 8181H	ON NAMES OF THE STATE OF THE ST	ATOTO BYÐIN BIÐUR 1991	
Principal Place of Business Mailing Address								
1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 COCONUT CREEK FL 33066					3. Date incorporated or Qualified			
US	BEEK FL 33066	COCONUT CREEK FL 33	066		10/11/1978	J		
					4. FEI Number		Applied For	
<del></del>	Place of Business	2a. Mailing Address			<u>59-1836433</u>	□ SR	.75 Additional	
Suite, Apt	11   26				5. Certificate of Status Desired	<u>_</u>	ee Required	
22		27 27			<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>		.00 May Be ded to Fees	
City & Stat	ite	City & State			7. Is this nonprofit corporation a h			
Zip	Country	Zip	Country	<del></del>		Yes No	·	
24	25	29	30		This corporation owes or has p     Personal Property Tax due Jun	e 30. 🔲 Yes	ar Intangible  No	
	9. Name and Address of Curr	rent Registered Agent	81	Name	10. Name and Address of New R	egistered Agent		
RAVO, PAT T.			<u> </u>					
1310 AVENUE OF THE STARS			82	Street	Address (P.O. Box Number is Not Accepta	ible)		
1001 WYNMOOR CRCL.			83					
COCONUT CREEK FL 33066			84				Zip Code	
11. Pursuant i	to the provisions of Sections 617.05	502 and 617.1508, Florida Statu	tes, the above	-named	corporation submits this statement for the programme in the programme in the corporation is board of directors.	FL of changi	ing its registers	
agent. I ar	m familiar with, and accept the obli	te of Florida. Such change was igations of, Section 617,0503, Fl	authorized by orida Statutes	the corp	corporation submits this statement for the poration's board of directors. I hereby acce	pt the appointmen	nt as registered	
SIGNATURE								
	Signature typed or product name of required a							
12.	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. (NOT ND DIRECTORS	E: Registered Ages	n: signature	required when reinstaling)  ADDITIONS/CHANGES TO DEFIN	DATE CERS AND DIRECT	TOPS IN 12	
TITLE	P OFFICERS A			nt signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE			
TITLE NAME	P BARATZ, HAROLD	ND DIRECTORS	13.	nt signature		CERS AND DIREC		
TITLE NAME STREET ADDRESS	P BARATZ, HAROLD 4702 H4 MARTINIQUE DR.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET /	ADDRESS		CERS AND DIREC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARATZ, HAROLD	ND DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST	ADDRESS	ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	nge Addition	
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