

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744526

FILED
Apr 10, 2009
Secretary of State

Entity Name: MARTINIQUE VILLAGE II "A" CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1310 AVENUE OF THE STARS
COCONUT CREEK, FL 33066 US

New Principal Place of Business:

Current Mailing Address:

1310 AVENUE OF THE STARS
COCONUT CREEK, FL 33066 US

New Mailing Address:

FEI Number: 59-1836433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE BANDLER
1310 AVENUE OF THE STARS
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MILLER, EVELYN
Address: 4702 MARTINIQUE DR APT B-4
City-St-Zip: COCONUT CREEK, FL 33066

Title: D () Delete
Name: SANDERS, BETTY
Address: 4702 MARTINIQUE DR APT B-3
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD () Delete
Name: CAPTAIN, RITA
Address: 4702 MARTINIQUE DR. APT A-3
City-St-Zip: COCONUT CREEK, FL 33066

Title: SD () Delete
Name: SCHWARTZ, NANCY
Address: 4702 MARTINIQUE DR., APT D-1
City-St-Zip: COCONUT CREEK, FL 33066

Title: PD () Delete
Name: LASHINSKY, LARRY
Address: 4702 MARTINGUE DR APT H-2
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BUSCH, SHELLY
Address: 4702 MARTINIQUE DR APT D2
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD (X) Change () Addition
Name: SANDERS, BETTY
Address: 4702 MARTINIQUE DR APT B-3
City-St-Zip: COCONUT CREEK, FL 33066

Title: D (X) Change () Addition
Name: BENKOWITZ, MARTY
Address: 4702 MARTINIQUE DR. APT F1
City-St-Zip: COCONUT CREEK, FL 33066

Title: VPD (X) Change () Addition
Name: SCHWARTZ, NANCY
Address: 4702 MARTINIQUE DR., APT D-1
City-St-Zip: COCONUT CREEK, FL 33066

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY LASHINSKY

P

04/10/2009

Electronic Signature of Signing Officer or Director

Date