

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 # 744587 (7)

1. Corporation Name

MARTINIQUE VILLAGE II "C" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066
US

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COCONUT CREEK FL 33066
US

3. Date Incorporated or Qualified
10/13/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1836437

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

22

27

23

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24

25

Country

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAVO, PAT T
1310 AVENUE OF THE STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
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

Signature, typed or printed name of registered agent and the applicable:

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RICHMAN, NORMAN	
STREET ADDRESS	4402 E-2 MARTINIQUE CT	
CITY-STATE-ZIP	COCONUT CREEK FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HILLSBERG, FRANK	
STREET ADDRESS	4402 B-4 MARTINIQUE CT	
CITY-STATE-ZIP	COCONUT CREEK FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GREENSPAN, DAVID	
STREET ADDRESS	4402 D-3 MARTINIQUE CT	
CITY-STATE-ZIP	COCONUT CREEK FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	NASH, SEYMOUR	
STREET ADDRESS	4402 F-4 MARTINIQUE CT	
CITY-STATE-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHESTER, LEW	
STREET ADDRESS	4402 D-4 MARTINIQUE CT	
CITY-STATE-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William Wilkens	
1.3 STREET ADDRESS	4402 Martiniqre Court, Apt. G 4	
1.4 CITY-STATE-ZIP	Coconut Creek, FL 33066	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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: *Frank Hillsberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

(954) 768-2527
Daytime Phone #

CR2E037 (12/95)