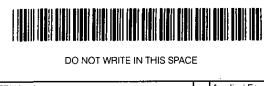
## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 744587 1. Entity Name MARTINIQUE VILLAGE II \*C" CONDOMINIUM ASSOCIATIO Principal Place of Business Mailing Address 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066-1485 US 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country Zip Country

## FILED Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90009 001 \*2,695.00



Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State City & State  Zip Country Zip			City & State			4. FEI Number 59-1836437			<u> </u>	pplied For ot Applicable	
			Zip	Country		5. Certificate of				3.75 Additional e Required	
	6. Name an	d Address of Current Re	gistered Agent			7. Name and Ad	Idress of New Re	gistered A	gent		
					Name						
RAVO, PAT T 1310 AVENUE OF THE STARS					Street Address (P.O. Box Number is Not Acceptable)						
% WYNMOOR COMMUNITY COUNCIL, INC. COCONUT CREEK FL 33066					City Zip Co					B	
								FL   Zip Code			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE:  FILE NOW:  FEE IS \$61.25  P. Election Campaign Trust Fund Contribut					ng _ (	\$5.00 May Be Added to Fees	Make Check Payable to Department of State				
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2. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

(954)978-2600