

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0072049

DOCUMENT # 744587

03-29-2002 90364 001 *2,695.00

1. Entity Name

**MARTINIQUE VILLAGE II "C" CONDOMINIUM ASSOCIATIO
 N, INC.**

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
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1836437

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAVO, PAT T
 1310 AVENUE OF THE STARS
 % WYNMOOR COMMUNITY COUNCIL, INC.
 COCONUT CREEK FL 33066**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **WILKENS, WILLIAM**
 STREET ADDRESS **4402 MARTINIQUE COURT APT G-4**
 CITY-ST-ZIP **COCONUT CREEK FL**

TITLE Change Addition
 NAME **D JAFFE, ELIAS**
 STREET ADDRESS **4402 MARTINIQUE K-4**
 CITY-ST-ZIP **COCONUT CREEK FL.**

TITLE **SD** Delete
 NAME **WEISSMAN, SYLVIA**
 STREET ADDRESS **4402 MARTINIQUE COURT APT L-4**
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **GREENSPAN, DAVID**
 STREET ADDRESS **4402 D-3 MARTINIQUE CT**
 CITY-ST-ZIP **COCONUT CREEK FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **NOVAK, MIMI**
 STREET ADDRESS **4402 MARTINIQUE CT, APT A-4**
 CITY-ST-ZIP **COCONUT CREEK FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FREY, ADELINE**
 STREET ADDRESS **4402 MARTINIQUE CT, APT E-1**
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 RECORDED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02

CP2E037 (9/01)