

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 26 AM 7:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 744588 (5)**

1. Corporation Name  
**MARTINIQUE VILLAGE II "D" CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1001 WYNMOOR CIR  
COCONUT CREEK FL 33066  
US** **1310 AVENUE OF THE STARS  
COCONUT CREEK FL 33066  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/13/1978** 3a. Date of Last Report **03/18/1994**  
4. FEI Number **59-1837596** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **1310 Avenue of the Stars** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27  
**Coconut Creek, Florida** 28  
Zip Country Zip Country  
24 **33066** 25 **USA** 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**RAVO, PAT T.  
1310 AVENUE OF THE STARS  
% WYNMOOR COMMUNITY COUNCIL, INC.  
COCONUT CREEK FL 33068**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>VPD</b>
NAME	<b>KANE, DANIEL</b>
STREET ADDRESS	<b>4401 A1 MARTINIQUE CT</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>PD</b>
NAME	<b>ZUCKERMAN, HARRY</b>
STREET ADDRESS	<b>4401 A4 MARTINIQUE CT</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>SD</b>
NAME	<b>BRAUTH, NORMAN</b>
STREET ADDRESS	<b>4401 B1 MARTINIQUE CT</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>TD</b>
NAME	<b>JOSEPH, AARON</b>
STREET ADDRESS	<b>4401 H1 MARTINIQUE CT</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>D</b>
NAME	<b>CHESTER, MILDRED</b>
STREET ADDRESS	<b>4401 H-3 MARTINIQUE CIR</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D Farber, Sol</b>
3.3 STREET ADDRESS	<b>4401 B-2 Martinique Court</b>
3.4 CITY-ST-ZIP	<b>Coconut Creek, Florida</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D Dubrow, Hy</b>
5.3 STREET ADDRESS	<b>4401 A-2 Martinique Court</b>
5.4 CITY-ST-ZIP	<b>Coconut Creek, Florida</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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: *Harry Zuckerman* - *Henry* 1-18-95 979-6694  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #