

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **744588** (5)
1. Corporation Name
MARTINIQUE VILLAGE II "D" CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **10/13/1978** 3a. Date of Last Report **04/26/1995**
4. FEI Number **59-1837596** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**RAVO, PAT T.
1310 AVENUE OF THE STARS
% WYNMOOR COMMUNITY COUNCIL, INC.
COCONUT CREEK FL 33066**

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 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KANE, DANIEL	
STREET ADDRESS	4401 A1 MARTINIQUE CT	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ZUCKERMAN, HARRY	
STREET ADDRESS	4401 A4 MARTINIQUE CT	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FARBER, SOL	
STREET ADDRESS	4401 B-2 MARTINIQUE COURT	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JOSEPH, AARON	
STREET ADDRESS	4401 H1 MARTINIQUE CT	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUBROW, HY	
STREET ADDRESS	4401 A-2 MARTINIQUE COURT	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

1.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Henry Meyer	
1.3 STREET ADDRESS	4401 Martinique Court, Apt. F-3	
1.4 CITY-ST-ZIP	Coconut Creek, FL 33066	
2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sam Katz	
2.3 STREET ADDRESS	4401 Martinique Court, Apt. F-4	
2.4 CITY-ST-ZIP	Coconut Creek, FL 33066	
3.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pearl Hirsch	
3.3 STREET ADDRESS	4401 Martinique Court, Apt. B-3	
3.4 CITY-ST-ZIP	Coconut Creek, FL 33066	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Alfred Robins	
4.3 STREET ADDRESS	4401 Martinique Court, Apt. C-4	
4.4 CITY-ST-ZIP	Coconut Creek, FL 33066	
5.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	George Gons	
5.3 STREET ADDRESS	4401 Martinique Court, Apt. D-1	
5.4 CITY-ST-ZIP	Coconut Creek, FL 33066	
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: SAM KATZ **SAM KATZ** 1/26/96 (954) 968-2527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E037 (12/95)