FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

Principal Place of Business

744588

(5)

Mailing Address

MARTINIQUE VILLAGE II "D" CONDOMINIUM ASSOCIATIO

1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US		1310 AVENUE OF THE STARS COCONUT CREEK FL 33066-1485 US			3. Date Incorporated or Qualified 3a. Date of Last Report 03/22/1996					
	lace of Business	2a. Mailing Address			4. FEI Number 59-1837596	.1	Ť	_	plied For	
21 Cuito Ant	# olo	Suite, Apt. #, etc.			38 103/380		*0		t Applicable	
Suite, Apt.	#, etc.	27			Certificate of Status Desired		•		Additional equired	
City & State	е	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Ζφ 24	Country Zip Co			ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			199.032,	
	9. Name and Address of Curre					10. Name and Address of New Re-	gistered A	gent		
			1	81	Name					
RAVO, PAT T.				82	Street Ac	dress (P.O. Box Number is Not Acceptable)				
1310 AVENUE OF THE STARS WYNMOOR COMMUNITY COUNCIL, INC.			Ī	63						
	UT CREEK FL 33066	,,,,,		84	Cíty			85	Zip (Code
44 5	10-6-01105	no de la constitución de la cons			-		<u>FL</u>		•	
office or re	go the provisions of Sections 617.050 egistered agent, or both, in the State of familiar with and accept the oblider	uz and 617.1508, Florida Statut e of Florida. Such change was a retions of Section 617.0603. Ele	tes, the ab authorized oride Stati	by	the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	ot the appo	intme	jing it int as	s registered registered
SIGNATURE	The familial with, and accept the bong	Janons of, Occilon of 7.0000, FR	Orioa State							
	Signature typed or printed name of registered ag			Age	nt signature re	quired when reinstating)	DATE		AT 6 E	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		_		
TITLE	VPD	DELETE	1111	LE	- (ı	Ch	ange	Addition
NAME	MEYER, HENRY		1.2 NA	ME						
STREET ADDRESS	4401 A1 MARTINIQUE CT		1.3 STF	REET	address					
CITY - ST - ZIP	COCONUT CREEK FL		1.4 CIT	Y - S	T- 21P					
TITLE	PD DELETE 2.1		2.1 TIT	LE				Ch	ange	Addition
NAME	KATZ, SAM		2.2 NA	ME	İ					
STREET ADDRESS	4401 MARTINIQUE COURT A	VPT F-4	2 3 STF	REET	ADDRESS					
CITY-ST-ZIP	COCONUT CREEK FL		2 4 CR		1					
TITLE	VPD	DELETE	3 1 TiTi		,,, ,,,,			Ch	ange	Addition
NAME	HIRSCH, PEARL	<u> </u>	3.2 NA		1		•		-	
STREET ADDRESS	4401 MARTINIQUE COURT A	NPT 8-3			ADDRESS					
	COCONUT CREEK FL		3.4. CII							
CITY - \$1 - ZIP TITLE	TD	☐ DELETE	4.1 111		31-24			Ch	isone	Addition
	ROBINS, ALFRED	been					,		unge	
NAME OTDECT ADDRESS	4401 MARTINIQUE COURT A	APT C.A	4. 2 NA		ADDRESS					
STREET ADDRESS	COCONUT CREEK FL	W 1 U'7	1		ADDRESS					
CITY-ST-ZIP	SD SD	DELETE	4.4 CIT		1-2112			Ch	2009	Addition
TITLE		T presig	5.1 181		}		ļ	اب <u>ب</u> ــــ	-11V0	LL Addition
NAME	GENS, GEORGE	INT D. 4	5.2 NA							
STREET ADDRESS	4401 MARTINIQUE COURT A	אין ט-ו			ADDRESS					
City - ST - ZIP	COCONUT CREEK FL	T1 No. 544	5.4 CIT		T-ZIP					A Ju
TITLE		☐ DELETE	6.1 TITI		}			☐ Ch	ange	Addition
NAME			6.2 NA	ME	[
STREET ADDRESS			6.3 STF	REET	ADDRESS					

14. I do 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 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 Katel Liter

2/17/97

(954)978-2600

FILED

May 19 1997 8:00am

Secretary of State