FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 7:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744590** **(1)**

1. Corporation Name

MARTINIQUE VILLAGE II "F" CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
1001 WYNMOOR CIR COCONUT CREEK FL 33066	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: 59-1837600 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 1310 Avenue of the Stars
Suite, Apt. #, etc.
22
City & State
23 Coconut Creek, Florida
Zip
24 33066
Country
25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
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
9. 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 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	GREENFIELD, WILLIAM	1.2 NAME		
STREET ADDRESS	4301 A3 MARTINIQUE CIR	1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 00000	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHAEFFER, DAVID	2.2 NAME		
STREET ADDRESS	4301 D1 MARTINIQUE CIR	2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 00000	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	MARCUS, DANIEL	3.2 NAME		
STREET ADDRESS	4301 E3 MARTINIQUE CIR	3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 00000	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	HELD, SAUL	4.2 NAME		
STREET ADDRESS	4301 F3 MARTINIQUE CIR	4.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 00000	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BRYER, WILLIAM	5.2 NAME	Goldsmith, Paul	
STREET ADDRESS	4301 J1 MARTINIQUE CIR	5.3 STREET ADDRESS	4301 K-3 Martinique Circle	
CITY-ST-ZIP	COCONUT CREEK, FL 00000	5.4 CITY-ST-ZIP	Coconut Creek, Florida	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Daniel Marcus Daniel Marcus 1-17-95 974-3604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004364