

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737494

**FILED  
Apr 02, 2015  
Secretary of State  
CC5575884802**

**Entity Name:** MARTINIQUE I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066

**Current Mailing Address:**

1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

**FEI Number: 59-1708042**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BRUCE BANDLER  
1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name GOLDBERG, DIANA  
Address 4501 MARTINIQUE WAY APT C-1  
City-State-Zip: COCONUT CREEK FL 33066

Title D  
Name LOTT, SHIRLEY  
Address 4502 MARTINIQUE WAY, APT F-1  
City-State-Zip: COCONUT CREEK FL 33066

Title D  
Name WEISSMAN, CARL  
Address 4502 MARTINIQUE WAY, APT D-4  
City-State-Zip: COCONUT CREEK FL 33066

Title P  
Name STEIN, FREDERICK  
Address 4502 MARTINIQUE WAY, APT H-1  
City-State-Zip: COCONUT CREEK FL 33066

Title D  
Name COHEN, MALCOLM  
Address 4602 MARTINIQUE WAY, APT H-1  
City-State-Zip: COCONUT CREEK FL 33066

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: FREDERICK STEIN**

**PRESIDENT**

**04/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date