

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737494

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	DIRECTOR
Name	RIDLEY, MARION
Address	4501 MARTINIQUE WAY APT C-2
City-State-Zip:	COCONUT CREEK FL 33066

Title	DIRECTOR
Name	LANNON, MARY
Address	4602 MARTINIQUE WAY, APT H-3
City-State-Zip:	COCONUT CREEK FL 33066

Title	DIRECTOR
Name	LEWIS, STAN
Address	4502 MARTINIQUE WAY, APT A-4
City-State-Zip:	COCONUT CREEK FL 33066

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

Title	DIRECTOR
Name	LOTT, SHIRLEY
Address	4502 MARTINIQUE WAY APT F1
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: MALCOLM COHEN**PRESIDENT****04/09/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date