

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744526

**FILED**  
**Feb 16, 2018**  
**Secretary of State**  
**CC2628667369**

**Entity Name:** MARTINIQUE VILLAGE II "A" 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:** 59-1836433

**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	T	Title	DIRECTOR
Name	ANDRIANI, RUTH	Name	LACHER, STUART
Address	4702 MARTINIQUE DR APT C-2	Address	4702 MARTINIQUE DRIVE APT E-1
City-State-Zip:	COCONUT CREEK FL 33066	City-State-Zip:	COCONUT CREEK FL 33066
Title	P	Title	VPD
Name	SACHS, DAWN	Name	SCHWARTZ, NANCY
Address	4702 MARTINIQUE DR. APT B-1	Address	4702 MARTINIQUE DR., APT D-1
City-State-Zip:	COCONUT CREEK FL 33066	City-State-Zip:	COCONUT CREEK FL 33066
Title	TD		
Name	GUSKI, JAMES		
Address	4702 MARTINIQUE DRIVE APT E-4		
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:** DAWN SACHS

**PRESIDENT**

**02/16/2018**

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

\_\_\_\_\_  
Date