

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744526

**Entity Name:** MARTINIQUE VILLAGE II "A" CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 21, 2013**  
**Secretary of State**  
**CC7246429574**

**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 SD  
Name BUSCH, SHELLY  
Address 4702 MARTINIQUE DR APT D4  
City-State-Zip: COCONUT CREEK FL 33066

Title P  
Name LASHINSKY, LARRY  
Address 4702 MARTINIQUE DRIVE APT H-2  
City-State-Zip: COCONUT CREEK FL 33066

Title D  
Name SCHUPAK, IRVING  
Address 4702 MARTINIQUE DR. APT H-1  
City-State-Zip: COCONUT CREEK FL 33066

Title VPD  
Name SCHWARTZ, NANCY  
Address 4702 MARTINIQUE DR., APT D-1  
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: LARRY LASHINSKY**

**PRESIDENT**

**02/21/2013**

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

\_\_\_\_\_  
Date