

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

DOCUMENT# 744588

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

**FILED**  
**Apr 02, 2015**  
**Secretary of State**  
**CC5277796695**

**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: 59-1837596**

**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 D  
Name SHOEMAKER, DENNIS  
Address 4401 MARTINIQUE COURT, APT F-1  
City-State-Zip: COCONUT CREEK FL 33066

Title PD  
Name KATZ, SAM  
Address 4401 MARTINIQUE COURT APT F-4  
City-State-Zip: COCONUT CREEK FL 33066

Title VPD  
Name HIRSCH, PEARL  
Address 4401 MARTINIQUE COURT APT B-3  
City-State-Zip: COCONUT CREEK FL 33066

Title SECRETARY  
Name KATZIN, MARLENE  
Address 4401 MARTINIQUE COURT APT D-2  
City-State-Zip: COCONUT CREEK FL 33066

Title T  
Name SMITH, SHELDON  
Address 4401 MARTINIQUE COURT APT F-2  
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: SAM KATZ**

**PRESIDENT**

**04/02/2015**

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

\_\_\_\_\_  
Date