## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 744590** 

INC.

Entity Name: MARTINIQUE VILLAGE II "F" CONDOMINIUM ASSOCIATION,

## **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: 59-1837600 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

**FILED** Mar 08, 2023

**Secretary of State** 

5062531620CC

Officer/Director Detail:

Title **TREASURER** Title DIRECTOR

Name KARLIN, LARRY Name BRIKS, SOLOMON

Address 4301 MARTINIQUE CIRCLE APT H-1 Address 4301 MARTINIQUE CIRCLE APT M-4

City-State-Zip: COCONUT CREEK FL 33066 City-State-Zip: COCONUT CREEK FL 33066

Title **PRESIDENT** Title **DIRECTOR** 

Name TERES, SHARON Name LEMENAGER, DAVID

Address 4301 MARTINIQUE CIRCLE APT L-1 Address 4301 MARTINIQUE CIRCLE APT F-2

City-State-Zip: COCONUT CREEK FL 33066 City-State-Zip: COCONUT CREEK FL 33066

Title SECRETARY, VP Name KOSS, MICHAEL

4301 MARTINIQUE CIRCLE, APT. M3 Address

COCONUT CREEK FL 33066 City-State-Zip:

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: DAVID LEMENAGER

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/08/2023