

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **744527** (3)

1. Corporation Name

**MARTINIQUE VILLAGE II "B" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 1310 AVENUE OF THE STARS, COCONUT CREEK FL 33066 US  
Mailing Address: 1310 AVENUE OF THE STARS, COCONUT CREEK FL 33066 US

3. Date Incorporated or Qualified: 10/11/1978  
3a. Date of Last Report: 04/26/1995  
4. FEI Number: 59-1836435  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

**9. Name and Address of Current Registered Agent**

**RAVO, PAT T.  
1310 AVENUE OF THE STARS  
% WYNMOOR COMMUNITY COUNCIL, INC.  
COCONUT CREEK FL 33066**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when not stated) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ARONOWITZ, AL	
STREET ADDRESS	4701 E3 MARTINIQUE DRIVE	
CITY-STATE-ZIP	COCONUT CREEK, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RISMANN, JANE	
STREET ADDRESS	4701 B-2 MARTINIQUE DRIVE	
CITY-STATE-ZIP	COCONUT CREEK, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRONSTEIN, SIG	
STREET ADDRESS	4701 C-3 MARTINIQUE DR.	
CITY-STATE-ZIP	COCONUT CREEK, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPARKS, LORRAINE	
STREET ADDRESS	4701 L-3 MARTINIQUE DRIVE	
CITY-STATE-ZIP	COCONUT CREEK, FL 0	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WELEDNIGER, JACK	
STREET ADDRESS	4701 B-1 MARTINIQUE DR.	
CITY-STATE-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP/D
5.3 STREET ADDRESS	Virginia Clem Drive, Apt. C-1
5.4 CITY-STATE-ZIP	Coconut Creek, FL 33066
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Jane Rismann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96 (954) 968-2527  
DATE DAYTIME PHONE #

CR2E037 (12/95)