

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

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90038 001 \*2,695.00

NONPROFIT CORPORATION ANNUAL REPORT  
~~1998~~ 1999

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



**DOCUMENT # 744527 (3)**  
 1. Corporation Name  
**MARTINIQUE VILLAGE II "B" CONDOMINIUM ASSOCIATIO  
 N, INC.**



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

3. Date Incorporated or Qualified  
**10/11/1978**

4. FEI Number **59-1836435** Applied For Not Applicable

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARCUS, HENRY	
STREET ADDRESS	4701 MARTINIQUE DR, APT M-1	
CITY-ST-ZIP	COCONUT CREEK, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ILSON, BOB	
STREET ADDRESS	4701 MARTINIQUE DRIVE, APT A-1	
CITY-ST-ZIP	COCONUT CREEK, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TRAGER, MARJORIE	
STREET ADDRESS	4701 MARTINIQUE DR, APT D-1	
CITY-ST-ZIP	COCONUT CREEK, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KKANOWITZ, LYNN	
STREET ADDRESS	4701 MARTINIQUE DRIVE APT J-2	
CITY-ST-ZIP	COCONUT CREEK, FL 0	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLEM, VIRGINIA	
STREET ADDRESS	4701 MARTINIQUE DRIVE APT C-1	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BEIN CAROLYN	
1.3 STREET ADDRESS	4701 MARTINIQUE DRIVE APT F-1	
1.4 CITY-ST-ZIP	COCONUT CREEK-FL 33066	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ARONOWITZ, AL	
2.3 STREET ADDRESS	4701 MARTINIQUE DRIVE, APT L-4	
2.4 CITY-ST-ZIP	COCONUT CREEK-FL 33066	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HARTOG ERNEST	
4.3 STREET ADDRESS	4701 MARTINIQUE DRIVE, APT C-2	
4.4 CITY-ST-ZIP	COCONUT CREEK-FL 33066	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Virginia Q. Clem, President - 5-19-99 (454) 978-2600  
 Virginia Q. Clem