

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90056 038 \*\*\*\*61.25

**DOCUMENT # N06000005661**

1. Entity Name  
**MARTINIQUE NO. 2 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
8151 PETERS ROAD  
CROSSROADS BLDG #2  
PLANTATION, FL 33324

Mailing Address  
8151 PETERS ROAD  
CROSSROADS BLDG #2  
PLANTATION, FL 33324

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2. Principal Place of Business - No P.O. Box #  
**MIAMI MANAGEMENT, INC.**

3. Mailing Address  
**MIAMI MANAGEMENT, INC.**

Suite, Apt. #, etc.  
**1145 SAWGRASS CORP PKWY**

Suite, Apt. #, etc.  
**1145 SAWGRASS CORP PKWY**

City & State  
**SUNRISE FL**

City & State  
**SUNRISE FL**

Zip  
**33323**

Country  
**USA**

Zip  
**33323**

Country  
**USA**

03252008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-5073787**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**BAKALAR & EICHNER, P.A.**  
**150 SOUTH PINE ISLAND RD, SUITE 540**  
**MIAMI, FL 33324 - PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

*Please change*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete  
NAME **SCHRAGER, MARLENE**  
STREET ADDRESS **8190 STATE ROAD 84**  
CITY - ST - ZIP **DAVIE, FL 33324**

TITLE **DVP** ☒ Delete  
NAME **PAPALE, MICHAEL**  
STREET ADDRESS **8151 PETERS ROAD**  
CITY - ST - ZIP **PLANTATION, FL 33324**

TITLE **DST** ☒ Delete  
NAME **CUMMINGS, KENDALL**  
STREET ADDRESS **8151 PETERS ROAD**  
CITY - ST - ZIP **PLANTATION, FL 33324**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Julio Diez** ☐ Change ☒ Addition  
NAME **DP**  
STREET ADDRESS **1145 Sawgrass Corp. PKWY**  
CITY - ST - ZIP **Sunrise FL 33323**

TITLE **DVP** ☐ Change ☒ Addition  
NAME **Yanira Daes**  
STREET ADDRESS **1145 Sawgrass Corp. PKWY**  
CITY - ST - ZIP **Sunrise FL 33323**

TITLE **DST** ☐ Change ☒ Addition  
NAME **Melissa Polwell**  
STREET ADDRESS **1145 Sawgrass Corp. PKWY**  
CITY - ST - ZIP **Sunrise, FL 33323**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/10/08*