

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744527

**FILED**  
**Feb 16, 2018**  
**Secretary of State**  
**CC6217984478**

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

**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:** 59-1836435

**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 P  
Name STEIN, CHERYL  
Address 4701 MARTINIQUE DR., APT. C-4  
City-State-Zip: COCONUT CREEK FL 33066

Title T  
Name HARTOG, ERNEST  
Address 4701 MARTINIQUE DR APT C-2  
City-State-Zip: COCONUT CREEK FL 33066

Title D  
Name HOFFMAN, ROSLYN  
Address 4701 MARTINIQUE DRIVE APT H-4  
City-State-Zip: COCONUT CREEK FL 33066

Title VP  
Name LACOB, MARK  
Address 4701 MARTINIQUE DRIVE APT C-3  
City-State-Zip: COCONUT CREEK FL 33066

Title S  
Name LYNCH, PHYLLIS  
Address 4701 MARTINIQUE DRIVE APT D-4  
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:** CHERYL STEIN

**PRESIDENT**

**02/16/2018**

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

\_\_\_\_\_  
Date