

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 # 736523 (2)  
1. Corporation Name  
THE FRENCH QUARTER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
12000 BASIN ST.  
12053 BASIS ST. N.  
WEST PALM BEACH FL 33414-5752

Mailing Address  
12000 BASIN ST.  
12053 BASIS ST. N.  
WEST PALM BEACH FL 33414-5752

3. Date Incorporated or Qualified 08/04/1976	3a. Date of Last Report 03/31/1995
4. FEI Number 59-1783374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

FRITTS, ESQ. R  
5702 LAKE WORTH ROAD, STE. 4  
LAKE WORTH FL 33463

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FALLON, JENNIE	
STREET ADDRESS	12024 BASIN STREET E	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COLMAN, PETER	
STREET ADDRESS	12018 BASIN STREET E	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HILLESTAD, JANE	
STREET ADDRESS	12074 BASEN STREET N	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HILLESTAD, JANE	
STREET ADDRESS	12047 BASIN STREET, NORTH	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FALLON, JENNIE	
STREET ADDRESS	12024 BASIN ST N	
CITY-ST-ZIP	WELLINGTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fallon, Jennie	
1.3 STREET ADDRESS	12024 Basin Street E	
1.4 CITY-ST-ZIP	Wellington, FL	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Colman, Peter	
2.3 STREET ADDRESS	12018 Basin Street E	
2.4 CITY-ST-ZIP	Wellington, FL	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hillestad, Jane	
3.3 STREET ADDRESS	12047 Basin Street N	
3.4 CITY-ST-ZIP	Wellington, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 D. Hillestad, Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 407-793-4350  
Date Daytime Phone #

CR2E037 (12/95)