


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 19 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736523** (2)  
 1. Corporation Name  
**THE FRENCH QUARTER HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
12000 BASIN ST. 43663 BASIN ST. N. WEST PALM BEACH FL 33414-5752 <i>WELLINGTON FL. 33414</i>		12000 BASIN ST. 43663 BASIN ST. N. WEST PALM BEACH FL 33414-5752 <i>WELLINGTON FL. 33414</i>	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1783374	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	29	30
24	USA	29	USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/04/1976	04/29/1996

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	<b>SAME</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>PRECLARE PATRICKELLI</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FALLON, JENNIE</b>	1.2 NAME	<b>PRECLARE PATRICKELLI</b>
STREET ADDRESS	<b>12024 BASIN STREET E</b>	1.3 STREET ADDRESS	<b>12069 BASIN ST. W.</b>
CITY-ST-ZIP	<b>WELLINGTON FL</b>	1.4 CITY-ST-ZIP	<b>WELLINGTON, FL. 33414</b>
TITLE	<b>TR. MKS.</b>	2.1 TITLE	<b>TREAS.</b>
NAME	<b>COLMAN, PETER</b>	2.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>12018 BASIN STREET E</b>	2.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>WELLINGTON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<b>S</b>
NAME	<b>HILLESTAD, JANE</b>	3.2 NAME	<b>EVELYN HOROWITZ</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>12074 BASIN STREET N</b>	3.3 STREET ADDRESS	<b>12016 BASIN ST. E. SECR.</b>
CITY-ST-ZIP	<b>WELLINGTON FL</b>	3.4 CITY-ST-ZIP	<b>WELLINGTON, FL. 33414</b>
TITLE	<b>SD</b>	4.1 TITLE	<b>D</b>
NAME	<b>HILLESTAD, JANE</b>	4.2 NAME	<b>LUCY RUNYON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>12047 BASIN STREET, NORTH</b>	4.3 STREET ADDRESS	<b>12062 Basin St. S. OFFICER</b>
CITY-ST-ZIP	<b>WELLINGTON FL</b>	4.4 CITY-ST-ZIP	<b>WELLINGTON FL. 33414</b>
TITLE	<b>PD</b>	5.1 TITLE	<b>D</b>
NAME	<b>FALLON, JENNIE</b>	5.2 NAME	<b>JACK NOTMAN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>12024 BASIN ST N</b>	5.3 STREET ADDRESS	<b>12053 BASIN ST. N. OFFICER</b>
CITY-ST-ZIP	<b>WELLINGTON FL</b>	5.4 CITY-ST-ZIP	<b>WELLINGTON, FL. 33414</b>
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 \_\_\_\_\_ SIGNATURE REQUIRED *H. PETER COLMAN*

CP2E037 (4/97)