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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 736523

1. Corporation Name
THE FRENCH QUARTER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 12000 BASIN ST. WELLINGTON FL 33414 US	Mailing Address 12000 BASIN ST. WELLINGTON FL 33414 US
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 08/04/1976	4. FEI Number 59-1783374 Applied For Not Applicable
22. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Principal Place of Business	2a. Mailing Address	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Principal Place of Business	2a. Mailing Address	25. Principal Place of Business	29. Principal Place of Business

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
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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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE NAME D BENNIS, BEVERLY STREET ADDRESS 11916 BASIN ST. S. CITY-ST-ZIP WELLINGTON FL 33414	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME D RUNYON, LUCY STREET ADDRESS 12062 BASIN ST. S. CITY-ST-ZIP WELLINGTON FL 33414	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> DELETE NAME T KEYES, GREGORY STREET ADDRESS 12089 BASIN ST. W. CITY-ST-ZIP WELLINGTON FL 33414	3.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME T LIVINGSTON ROBERT 3.3 STREET ADDRESS 12066 BASIN ST. N. 3.4 CITY-ST-ZIP WELLINGTON FLA 33414
TITLE <input type="checkbox"/> DELETE NAME D WITT, HELEN STREET ADDRESS 12095 BASIN ST. W. CITY-ST-ZIP WELLINGTON FL 33414	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> DELETE NAME D POIGNANT, KEVIN STREET ADDRESS 12054 BASIN ST. CITY-ST-ZIP WELLINGTON FL 33414	5.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME D NICOLL, JAMES 5.3 STREET ADDRESS 12008 BASIN ST. E 5.4 CITY-ST-ZIP WELLINGTON FLA 33414
TITLE <input checked="" type="checkbox"/> DELETE NAME D ROBINS, CHARLES STREET ADDRESS 12035 BASIN ST. CITY-ST-ZIP WELLINGTON FL 33414	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, with all other like empowered.

SIGNATURE: **ROBERT LIVINGSTON** 4/15/99 561-770-0587
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)