

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736523

Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1783374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

LAURENCE M. ABRAMSON

Street Address (P.O. Box Number is Not Acceptable)

1860 FOREST HILL BLVD

SUITE 200

City

W. PALM BEACH

FL

Zip Code

33406

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.

SIGNATURE

Laurence M. Abramson

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

(NOTE: Registered Agent signature required when reinstating)

10/4/01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME LIBUTTI, RICHARD ☐ Delete
STREET ADDRESS 12089 BASIN ST W
CITY-ST-ZIP WELLINGTON FL 33414

TITLE
NAME 05-24-01 90004 005 ☐ Delete ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME RUNYON, LUCY ☐ Delete
STREET ADDRESS 12082 BASIN ST. S.
CITY-ST-ZIP WELLINGTON FL 33414

TITLE
NAME 700004641927--4 ☐ Change ☐ Addition
STREET ADDRESS -10/18/01--01057--008
CITY-ST-ZIP *****175.00 *****175.00

TITLE T
NAME LIVINGSTON, ROBERT ☐ Delete
STREET ADDRESS 12000 BASIN ST W
CITY-ST-ZIP WELLINGTON FL 33414

TITLE
NAME 12039 BASIN ST W ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HITCHCOCK, MARY ☐ Delete
STREET ADDRESS 12043 BASIN ST N
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE D
NAME HOK, MARY ☐ Delete
STREET ADDRESS 11912 BASIN ST 5
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 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: Laurence M. Abramson, Secretary C. Livingston 10/4/01 561-790-0581

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 4:40



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)