2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4

FILED **DOCUMENT # 736523** Feb 28, 2002 8:00 am 1. Entity Name Secretary of State THE FRENCH QUARTER HOMEOWNERS ASSOCIATION, INC. 02-28-2002 90020 038 ****61.25 Mailing Address Principal Place of Business 12000 BASIN ST. 12000 BASIN ST. WELLINGTON FL 33414 WELLINGTON FL 33414 US US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 59-1783374 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ABRAMSON, LAWRENCE M 1860 FOREST HILL BLVD SUITE 200 Zip Code W PALM BEACH FL 33406 FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Addition TITLE LIBUTTI, RICHARD NAME NAME 12089 BASIN ST W STREET ADDRESS STREET ADDRESS WELLINGTON FL 33414 CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE RUNYON, LUCY NAME NAME 12062 BASIN ST. S. STREET ADDRESS STREET ADDRESS WELLINGTON FL 33414 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE LIVINGSTON, ROBERT NAME NAME 12039 BASIN ST N. STREET ADDRESS STREET ADDRESS WELLINGTON FL 33414 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete HITCHCOCK, MARY NAME NAME 12043 BASIN ST N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE BENLIS, BEVERLY HOK, MARY NAME NAME 11912 BASIN ST 5 11916 BASIN STREET ADDRESS STREET ADDRESS **WELLINGTON FL 33414** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 those 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 regencer 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

C. LIVINGSTON