


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 736523 1. 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		4. FEI Number 59-1783374	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ABRAMSON, LAWRENCE M 1860 FOREST HILL BLVD SUITE 200 W PALM BEACH FL 33406				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIBUTTI, RICHARD		NAME		
STREET ADDRESS	12089 BASIN ST W		STREET ADDRESS		
CITY - ST - ZIP	WELLINGTON FL 33414		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HITCHCOCK, MARY		NAME		
STREET ADDRESS	12043 BASIN ST. N		STREET ADDRESS		
CITY - ST - ZIP	WELLINGTON FL 33414		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIVINGSTON, ROBERT		NAME		
STREET ADDRESS	12039 BASIN ST N.		STREET ADDRESS		
CITY - ST - ZIP	WELLINGTON FL 33414		CITY - ST - ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITT, HELEN		NAME		
STREET ADDRESS	12095 N BASIN ST		STREET ADDRESS		
CITY - ST - ZIP	WELLINGTON FL 33414		CITY - ST - ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBER, DARLENE		NAME		
STREET ADDRESS	11910 BASIN ST. S		STREET ADDRESS		
CITY - ST - ZIP	WELLINGTON FL 33414		CITY - ST - ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOEMAKER, JANE		NAME		
STREET ADDRESS	12047 N BASIN ST		STREET ADDRESS		
CITY - ST - ZIP	WELLINGTON FL 33414		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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Robert C. Livingston <i>Robert Livingston</i> 2/2/05 561-790-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E037 (10/04)

Applied For
Not Applied

Additional Fee Required

FL Zip Code

000000216573 ☐ Change ☐ Addition
02/05/05-80054-009 61.25

☐ Change ☐ Addition

☐ Change ☐ Addition

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