

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736523

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: THE FRENCH QUARTER HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12000 BASIN STREET  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

590 AMADOR LANE #7  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

PO BOX 26822  
WESTON, FL 33326 US

FEI Number: 59-1783374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESTIS, JEFFREY N  
590 AMADOR LANE #7  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

ESTIS, JEFFREY N  
12821 SW 30TH STREET  
MIRAMAR, FL 33027 US

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: JEFFREY ESTIS

01/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RUYON, LUCY  
Address: 12062 BASIN ST.  
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Delete  
Name: DEL RUSSO, RICHARD J  
Address: 12079 BASIN ST. WEST  
City-St-Zip: WELLINGTON, FL 33414

Title: T ( ) Delete  
Name: HEATHER, CANDIELA J  
Address: 12063 BASIN ST. WEST  
City-St-Zip: WELLINGTON, FL 33414

Title: S ( ) Delete  
Name: BEVERLY, BENNIS  
Address: 11916 BASIN STREET S  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: JANE, SHOEMAKER  
Address: 12047 BAIN STREET N  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: EUBANKS, MARIE  
Address: 12037 BASIN STREET S  
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCY RUNYON

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date