

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 741506 (0)**

1. Corporation Name

**THE FRENCH QUARTER II HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**12100 REGAL COURT EAST  
WEST PALM BEACH FL 33414**

**12100 REGAL COURT EAST  
WEST PALM BEACH FL 33414**

3. Date Incorporated or Qualified

**02/02/1978**

3a. Date of Last Report

**02/15/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-0867273**

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

8. This corporation has liability for intangible tax under  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZULLI, ROBERT  
12055 REGAL CT. N.  
WEST PALM BEACH FL 33414**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 **D** ☐ DELETE  
NAME **ZULLI, ROBERT**  
STREET ADDRESS **12055 REGAL CT. N.**  
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **MARTINER, JOSE A.**  
STREET ADDRESS **12124 REGAL CT. E.**  
CITY-ST-ZIP **WEST PALM BEACH FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **CRAGUN, J. W.**  
STREET ADDRESS **12102 REGAL CT., S.**  
CITY-ST-ZIP **WEST PALM BCH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **P/D** ☐ DELETE  
NAME **LAUDER, JAMES J.**  
STREET ADDRESS **12087 REGAL CT W.**  
CITY-ST-ZIP **WEST PALM BCH FL 33414**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **V/D** ☒ DELETE  
NAME **POLANSKI DEBBIE**  
STREET ADDRESS **12168 REGAL CT E.**  
CITY-ST-ZIP **WEST PALM BCH FL 33414**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **V/D**  
5.3 STREET ADDRESS **CHARLOTTE R. PIERCE**  
5.4 CITY-ST-ZIP **12136 REGAL CT. E.**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Robert Zulli* **ROBERT ZULLI** 2/18/96 - 407-795-4786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)