

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90091 032 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 741506**

1. Corporation Name

**THE FRENCH QUARTER II HOMEOWNERS ASSOCIATION, IN  
C.**

Principal Place of Business

12100 REGAL COURT EAST  
WELLINGTON FL 33414  
US

Mailing Address

12100 REGAL COURT EAST  
WELLINGTON FL 33414  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/02/1978

4. FEI Number

59-0867273

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **MARIA PALFFY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**12122 REGAL CT. E.**  
83  
84 City **WELLINGTON** FL 85 Zip Code **33414**

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

*Maria Palffy* *Maria Palffy, SD*

**3-30-99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ZULLI, ROBERT	
STREET ADDRESS	12055 REGAL CT. N.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARTINER, JOSE A.	
STREET ADDRESS	12124 REGAL CT. E.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CRAGUN, J. W.	
STREET ADDRESS	12102 REGAL CT., S.	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TALIA, MICHAEL	
STREET ADDRESS	12143 REGAL CT N	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PIERCE, CHARLOTTE R.	
STREET ADDRESS	12136 REGAL COURT EAST	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SAME</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MARIA PALFFY (SD)</b>
3.3 STREET ADDRESS	<b>12122 Regal CT E</b>
3.4 CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PD</b>
4.3 STREET ADDRESS	<b>SAME</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>SAME</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>LOIS TOGNACCI "D"</b>
6.3 STREET ADDRESS	<b>12093 REGAL CT W.</b>
6.4 CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>

14. 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 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, with all other like empowered.

**SIGNATURE:** *Maria Palffy* **SIGNATURE REQUIRED**  
Signature and typed or printed name of signing officer or director

**3-30-99** **792-4007**  
Date Daytime Phone #

CR2E037 (1/198)