

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90059 001 ****61.25

DOCUMENT # 741506

1. Entity Name

THE FRENCH QUARTER II HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

Mailing Address

**12100 REGAL COURT EAST
 WELLINGTON FL 33414
 US**

**12100 REGAL COURT EAST
 WELLINGTON FL 33414-5733
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0867273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALFFY, MARIA
 12122 REGAL CT E
 WELLINGTON FL 33414**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	PALFFY, MARIA	
STREET ADDRESS	12122 REGAL CT E	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTINER, JOSE A.	
STREET ADDRESS	12124 REGAL CT. E.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOGNACCI, LOIS	
STREET ADDRESS	12093 REGAL CT W	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	PD	<input checked="" 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		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIO A. VIDAL	
STREET ADDRESS	12128 REGAL CT. E.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERYL A. MURRAY	
STREET ADDRESS	12174 REGAL CT.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/00

Date

798-9274

Daytime Phone #

CR2E037 (9/99)