

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741506

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** THE FRENCH QUARTER II HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12100 REGAL COURT EAST  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

12100 REGAL COURT EAST  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 59-0867273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTINEZ, JOSE A T/D  
12124 REGAL COURT EAST  
WELLINGTON,, FL 33414 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WARD, MARK A PD  
Address: 12164 REGAL COURT  
City-St-Zip: WELLINGTON, FL 33414 US

Title: VPD  
Name: OSORIO, MARIO VPD  
Address: 12118 REGAL COURT SOUTH  
City-St-Zip: WELLINGTON, FL 33414 US

Title: SD  
Name: GRANT, SUSAN A SD  
Address: 12143 REGAL COURT NORTH  
City-St-Zip: WELLINGTON, FL 33414 US

Title: TD  
Name: MARTINEZ, JOSE A TD  
Address: 12124 REGAL COURT EAST  
City-St-Zip: WELLINGTON, FL 33414 US

Title: A/L  
Name: HELEN, BOBBITT A/L  
Address: 116 RIVER DR.  
City-St-Zip: TEQUESTA, FL 33469

I hereby 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 all other like empowered.

SIGNATURE: JOSE A. MARTINEZ

TD

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date