

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-07-2003 90146 041 ****61.25

DOCUMENT # 741506

1. Entity Name
THE FRENCH QUARTER II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**12100 REGAL COURT EAST
WELLINGTON FL 33414
US**

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

33040341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0867273**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Roana Palffy

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

(NOTE: Registered Agent signature required when reinstating)

4/29/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
NAME **PALFFY, MARIA**
STREET ADDRESS **12122 REGAL CT E**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **PD** Change Addition
NAME **DAVID SKINNER**
STREET ADDRESS **12168 REGAL CT.**
CITY-ST-ZIP **WELLINGTON, FL. 33414**

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

TITLE **D** Change Addition
NAME **SUSAN GRANT**
STREET ADDRESS **12148 REGAL CT. N.**
CITY-ST-ZIP **WELLINGTON, FL. 33414**

TITLE **PD** Delete
NAME **VIDAL, MARIO A**
STREET ADDRESS **12128 REGAL CT E**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **HERNANDEZ, JOHNNY**
STREET ADDRESS **12095 REGAL COURT WEST**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **TERESA, GIMENEZ**
STREET ADDRESS **12077 REGAL CT W**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: Roana Palffy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

DATE Daytime Phone #

CR2E037 (10/02)