

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744217

1. Entity Name

FRENCHMAN'S CREEK PROPERTY OWNERS' ASSOCIATION.

Principal Place of Business

13495 TOURNAMENT DR.
PALM BCH GDNS FL 33410

Mailing Address

13495 TOURNAMENT DR.
PALM BCH GDNS FL 33410-1204

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

59-2734365

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

MCCRACKEN, JOHN B
505 S. FLAGLER DR. LVD.
SUITE 1100
WEST PALM BEACH FL 33401-3475

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	PD	<input checked="" type="checkbox"/> Delete
NAME	JAYSON, KENNETH	
STREET ADDRESS	3163 MIRO DR N	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, BLANCHE	
STREET ADDRESS	3300 MONET DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOWARD, MELVIN	
STREET ADDRESS	3139 MIRO DR S	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, MARIKAY	
STREET ADDRESS	13917 LE HAVRE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERMAN, ALAN	
STREET ADDRESS	3049 CHATEAU DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin Cohen	
STREET ADDRESS	3731 Toulouse Drive	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Zimmerman	
STREET ADDRESS	13652 Rivoli Drive	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin Leaf	
STREET ADDRESS	3350 St. Malo Court	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan Berman	
STREET ADDRESS	3049 Chateau Lane	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
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

Date

Daytime Phone #

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90371 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)