

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **751945** (7)
1. Corporation Name
FRENCHMEN'S LANDING PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

C/O ASSOCIATED PROPERTY MANAGEMENT
400 S DIXIE HWY, SUITE 10
LAKE WORTH FL 33460

C/O ASSOCIATED PROPERTY MANAGEMENT
400 S DIXIE HWY, SUITE 10
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/09/1980** 3a. Date of Last Report **04/01/1994**

4. FEI Number **59-2368541** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 County 28 Zip 30 County

9. Name and Address of Current Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY., SUITE 10
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title of applicant. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUITTI, JOSEPH	12 NAME	
STREET ADDRESS	12852 CALAIS CIR	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODARD, WALLACE	22 NAME	
STREET ADDRESS	12774 S NORMANDY WAY	23 STREET ADDRESS	
CITY-ST-ZIP	PAL BEACH GARDENS FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPMAN, JIM	32 NAME	
STREET ADDRESS	12830 N. NORMANDY WAY	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHEY, WILLIAM	42 NAME	
STREET ADDRESS	2878 BAYONE DR	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, GILBERT	52 NAME	
STREET ADDRESS	12820 CALAIS CIR	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PAUL	62 NAME	Robert L McSorley
STREET ADDRESS	2582 MONACO TERR	63 STREET ADDRESS	12991 North Normandy
CITY-ST-ZIP	PALM BEACH GARDENS FL	64 CITY-ST-ZIP	Palm Beach Gardens, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 appointed 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 to this filing.

SIGNATURE: *Wallace H. Woodard, Jr.* **1/24/95 (402) 622-9140**