

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

**FILED**

**Apr 07 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751945 (7)**  
1. Corporation Name  
**FRENCHMEN'S LANDING PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O ASSOCIATED PROPERTY MANAGEMENT 400 S DIXIE HWY. SUITE 10 LAKE WORTH FL 33460</b>	Mailing Address <b>C/O ASSOCIATED PROPERTY MANAGEMENT 400 S DIXIE HWY. SUITE 10 LAKE WORTH FL 33460-4455</b>
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3. Date Incorporated or Qualified <b>04/09/1980</b>	3a. Date of Last Report <b>04/22/1996</b>
4. FEI Number <b>59-2368541</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt #, etc. <b>22</b>	Suite, Apt #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PASCUITI, JOSEPH</b>		1.2 NAME	
STREET ADDRESS <b>12852 CALAIS CIR</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH GARDENS FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WOODARD, WALLACE</b>		2.2 NAME	
STREET ADDRESS <b>12774 S NORMANDY WAY</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PAL BEACH GARDENS FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHIPMAN, JIM</b>		3.2 NAME	
STREET ADDRESS <b>12930 N. NORMANDY WAY</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BCH GARDENS FL</b>		3.4 CITY-ST-ZIP	
TITLE <del>TD</del>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>KLIMAS, DIANE</del>		4.2 NAME	
STREET ADDRESS <del>12943 N NORMANDY WAY</del>		4.3 STREET ADDRESS	
CITY-ST-ZIP <del>PALM BCH GARDENS FL</del>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MOORE, GILBERT</b>		5.2 NAME	
STREET ADDRESS <b>12820 CALAIS CIR</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH GARDENS FL</b>		5.4 CITY-ST-ZIP	
TITLE <del>PD</del>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>MCSARLEY, ROBERT</del>		6.2 NAME	
STREET ADDRESS <del>12991 NORTH NORMANDY</del>		6.3 STREET ADDRESS	
CITY-ST-ZIP <del>PALM BEACH GARDENS FL</del>		6.4 CITY-ST-ZIP	

**SD**  
**Dykman, John**  
**12940 La Rochelle Circle**  
**PBG, FL**

**D**  
**Echoue, Mary**  
**12970 La Rochelle Circle**  
**PBG, FL**

**D**  
**Schiffman, Jeffrey**  
**2758 Biarritz Drive**  
**PBG, FL**

14. I do 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 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 empowered 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 with an address.

SIGNATURE: *James M. Klimas* SIGNATURE REQUIRED Date: **10 MARCH 1997** Daytime Phone # **0039174**

CR2E037 (9/96)