

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 C/O ASSOCIATED PROPERTY MANAGEMENT 400 S DIXIE HWY. SUITE 10 LAKE WORTH FL 33460	Mailing Address C/O ASSOCIATED PROPERTY MANAGEMENT 400 S DIXIE HWY. SUITE 10 LAKE WORTH FL 33460
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3. Date Incorporated or Qualified 04/09/1980	
4. FEI Number 59-2368541	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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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 85. Zip Code
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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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUITTI, JOSEPH	1.2 NAME	
STREET ADDRESS	12852 CALAIS CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODARD, WALLACE	2.2 NAME	
STREET ADDRESS	12774 S NORMANDY WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PAL BEACH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIPMAN, JIM	3.2 NAME	
STREET ADDRESS	12030 N. NORMANDY WAY	3.3 STREET ADDRESS	TD
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP	Echave, Mary
TITLE	SDV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYKINGA, JOHN	4.2 NAME	
STREET ADDRESS	12940 LAROCHELLE CIR	4.3 STREET ADDRESS	12970 La Rochelle Circle
CITY-ST-ZIP	PALM BCH GARDENS FL	4.4 CITY-ST-ZIP	PBG, FL
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, GILBERT	5.2 NAME	
STREET ADDRESS	12820 CALAIS CIR	5.3 STREET ADDRESS	Lyon, Bruce
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	12823 S. Normandy Way
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIFFMAN, JEFFREY	6.2 NAME	Freeburn, Linda
STREET ADDRESS	2758 BIARRITZ DR.	6.3 STREET ADDRESS	12946 La Rochelle Circle
TY-ST-ZIP	PALM BEACH GARDENS FL	6.4 CITY-ST-ZIP	PBG, FL

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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 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: M. M. K. [Signature] 3-31-98

CP2E037 (10/97)