


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90045 017 ****61.25

DOCUMENT # 751945							
1. Entity Name FRENCHMEN'S LANDING PROPERTY OWNERS ASSOCIATION, INC.							
Principal Place of Business 12871 LAROCHELLE CIR PALM BEACH GARDENS, FL 33410-1414			Mailing Address 12871 LAROCHELLE CIR PALM BEACH GARDENS, FL 33410-1414				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2368541			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ST. JOHN, CORE, FIORE & LEMME, P.A. 1601 FORUM PLACE SUITE 701 WEST PALM BEACH, FL 33410-1414			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 _____			DATE _____				
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)				
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLCLASURE, JOHN		NAME				
STREET ADDRESS	12995 CALAIS CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PARKEY, GEORGE		NAME	Janet Moyles			
STREET ADDRESS	2633 BORDEAUX COURT		STREET ADDRESS	12987 LaRochelle Circle			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	Palm Beach Gardens, FL 33410			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LINDEN, IRENE MRS		NAME	Gary Peters			
STREET ADDRESS	12925 LAROCHELLE CIRCLE		STREET ADDRESS	12915 LaRochelle-Circle			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	Palm Beach Gardens, FL 33410			
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AYMOND, ROBERT		NAME				
STREET ADDRESS	12859 N NORMANDY WAY		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SHIPMAN, JEAN MRS		NAME	Steven Strivelli			
STREET ADDRESS	12930 N NORMANDY WAY		STREET ADDRESS	2850 Biarritz Drive			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	Palm Beach Gardens FL 33410			
TITLE	T	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOMMERS, LIN		NAME				
STREET ADDRESS	12988 CALASIS CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		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: <i>Lin Sommers Pres.</i>			Date: <i>3/14/05</i>		Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							