


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90706 031 \*\*\*\*61.25

**DOCUMENT # 751945**

1. Entity Name  
**FRENCHMEN'S LANDING PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**12871 LAROCHELLE CIR**      **12871 LAROCHELLE CIR**  
**PALM BEACH GARDENS FL 33410-1414**      **PALM BEACH GARDENS FL 33410-1414**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

*SAME AS ABOVE*      *SAME AS ABOVE*



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2368541**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**INTRACOASTAL MANAGEMENT SERVICES INC.**  
**12871 LAROCHELLE CIR**  
**PALM BEACH GARDENS FL 33410-1414**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCCABE, EDWARD</b>	
STREET ADDRESS	<b>2721 BIARRITZ DRIVE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BOND, LOWELL</b>	
STREET ADDRESS	<b>12866 LAROCHELLE CIR</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LINDEN, IRENE MRS</b>	
STREET ADDRESS	<b>12925 LAROCHELLE CIRCLE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PARKEY, GEORGE</b>	
STREET ADDRESS	<b>2633 BORDEAUX CT</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHIPMAN, JEAN MRS</b>	
STREET ADDRESS	<b>12930 N NORMANDY WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LOCHNER, MELANIE</b>	
STREET ADDRESS	<b>12880 LAROCHELLE CIR</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michael Rackely</b>	
STREET ADDRESS	<b>2707 Biarritz Dr</b>	
CITY-ST-ZIP	<b>Palm Beach Gdns FL 33410</b>	
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lowell Bond</b>	
STREET ADDRESS	<b>12866 LaRochele Circle</b>	
CITY-ST-ZIP	<b>Palm Beach Gdns FL 33410</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mrs. Irene Linden</b>	
STREET ADDRESS	<b>12925 LaRochele Circle</b>	
CITY-ST-ZIP	<b>Palm Beach Gdns FL 33410</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mrs. Lin Sommers</b>	
STREET ADDRESS	<b>12998 Calais Circle</b>	
CITY-ST-ZIP	<b>Palm Beach Gdns FL 33410</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John Colclasure</b>	
STREET ADDRESS	<b>12995 Calais Circle</b>	
CITY-ST-ZIP	<b>Palm Beach Gdns FL 33410</b>	

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: *Lowell Bond*      **REQUIRED**      **Lowell Bond, President**      3/10/03      561-626-3473

CR2E037 (10/02)