

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000008325

FILED
Apr 10, 2008
Secretary of State

Entity Name: FRENCHMAN'S CREEK REALTY, INC.

Current Principal Place of Business:

13495 TOURNAMENT DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

13495 TOURNAMENT DRIVE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 65-0580680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHIPPER, IRWIN
Address: 3220 MONET DRIVE WEST
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VPD () Delete
Name: GOLDSTEIN, GILBERT
Address: 13161 BURGUNDY DRIVE SOUTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD () Delete
Name: KAUFMAN, ROBERT
Address: 3260 MONET DRIVE WEST
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD () Delete
Name: SPIRA, SEYMOUR
Address: 3280 MONET DRIVE WEST
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S (X) Delete
Name: COHEN, JEFFREY
Address: 13337 PROVENCE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: KAUFMAN, ROBERT
Address: 3260 MONET DRIVE WEST
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRWIN SHIPPER

PD

04/10/2008

Electronic Signature of Signing Officer or Director

_____ Date