2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000008325

Entity Name: FRENCHMAN'S CREEK REALTY, INC.

FILED Apr 23, 2009 Secretary of State

y	er TREITE	IIVI/ II VO CITELLITE I TETT, II VO.			
Current Principal Place of Business:			New Principal Place of Business:		
	URNAMENT D ACH GARDEN				
Current Mailing Address:			New Mailing Address:		
	URNAMENT D ACH GARDEN				
FEI Number	: 65-0580680	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
505 SOUT SUITE 110 WEST PA The above	LM BEACH, FI	DRÍVE _ 33401 US	ourpose of changing i	its registered office or registered agent, or both,	
SIGNATUI	RE:				
		nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SHIPPER, IRW 3220 MONET D		Title: Name: Address: City-St-Zip:	PD (X) Change () Addition BUTLER, ABBEY 13745 MONACO WAY PALM BEACH GARDENS, FL 33410	
Title: Name: Address: City-St-Zip:	GOLDSTEIN, G 13161 BURGU) Delete BILBERT NDY DRIVE SOUTH GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	1VPD (X) Change () Addition COHEN, JOHN 3145 MIRO DRIVE NORTH PALM BEACH GARDENS, FL 33410	
Title: Name: Address: City-St-Zip:	KAUFMAN, RO 3260 MONET I		Title: Name: Address: City-St-Zip:	2VPD (X) Change () Addition SACKETT, TERRI 13297 PROVENCE DRIVE PALM BEACH GARDENS, FL 33410	
Title: Name: Address: City-St-Zip:	SPIRA, SEYMO 3280 MONET D		Title: Name: Address: City-St-Zip:	TD (X) Change () Addition SHAW, ROBERT 13788 RIVOLI DRIVE PALM BEACH GARDENS, FL 33410	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	SD () Change (X) Addition NELSON, JONATHAN 3241 BURGUNDY DRIVE NORTH PALM BEACH GARDENS, FL 33410	

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: ABBEY BUTLER PD 04/23/2009