

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90023 034 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 720936  
1. Corporation Name  
FRENCH ROYALE VILLAS ASSOCIATION, INC.

Principal Place of Business: 391 VILLA DRIVE SOUTH ATLANTIS FL 33462 US  
Mailing Address: 391 VILLA DRIVE SOUTH ATLANTIS FL 33462 US

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2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: 05/13/1971  
4. FEI Number: 59-2351414 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: REDDING, LARRY 426 FRENCH ROYALE CIRCLE ATLANTIS FL 33462

10. Name and Address of New Registered Agent: 81 Name: Charles E Moses 82 Street Address (P.O. Box Number is Not Acceptable): 391 VILLA DR S 83 84 City: ATLANTIS FL 85 Zip Code: 33462

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: Charles E Moses, Reg. agent 391 Villa Dr S, Atlanta 1/2/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: ST GEORGE, CATHERINE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 449 FRENCH ROYALE CIRCLE	CITY-ST-ZIP: ATLANTIS FL	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE: D	NAME: WOODS, LUTHER	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 407 VILLA DR, S.	CITY-ST-ZIP: ATLANTIS FL	2.1 TITLE	
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE: VPD	NAME: GREGG, JOSEPH	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 426 FRENCH ROYALE CIRCLE	CITY-ST-ZIP: ATLANTIS FL	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: SEAQUIST, KEN	3.2 NAME	
STREET ADDRESS: 441 FRENCH ROYALE CIRCLE	CITY-ST-ZIP: ATLANTIS FL	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	NAME: VAN HOEVEN, NANCY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 434 FRENCH ROYALE CIRCLE	CITY-ST-ZIP: ATLANTIS FL	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE: TD	NAME: MOSES, CHARLES	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 391 VILLA DRIVE SOUTH	CITY-ST-ZIP: ATLANTIS FL	5.1 TITLE	
	<input type="checkbox"/> DELETE	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
 Charles E Moses 3/17/99  
 Charles E Moses 661 967 6802

CR2E037 (11/98)