

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90064 034 ****61.25

DOCUMENT # 720936

1. Entity 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 33462-1319
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2351414

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOSES, CHARLES
 391 VILLA DR S.
 ATLANTIS FL 33462

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ST GEORGE, CATHERINE	
STREET ADDRESS	449 FRENCH ROYALE CIRCLE	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODS, LUTHER	
STREET ADDRESS	407 VILLA DR., S.	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GREGG, JOSEPH	
STREET ADDRESS	426 FRENCH ROYALE CIRCLE	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEAQUIST, KEN	
STREET ADDRESS	441 FRENCH ROYALE CIRCLE	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VAN HOEVEN, NANCY	
STREET ADDRESS	434 FRENCH ROYALE CIRCLE	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOSES, CHARLES	
STREET ADDRESS	391 VILLA DRIVE SOUTH	
CITY-ST-ZIP	ATLANTIS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Charles Moses* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000 561-961-5862

Date

Daytime Phone #

CR2E037 (9/99)