

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90049 003 ****61.25

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DO NOT WRITE IN THIS SPACE

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

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

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2351414 Not Applicable

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

6. Name and Address of Current Registered Agent
MOSES, CHARLES E
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]* 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 NAME STREET ADDRESS CITY-ST-ZIP | PD ST GEORGE, CATHERINE 449 FRENCH ROYALE CIRCLE ATLANTIS FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOODS, LUTHER 407 VILLA DR., S. ATLANTIS FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD GREGG, JOSEPH 426 FRENCH ROYALE CIRCLE ATLANTIS FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SEAQUIST, KEN 441 FRENCH ROYALE CIRCLE ATLANTIS FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD VAN HOEVEN, NANCY 434 FRENCH ROYALE CIRCLE ATLANTIS FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MOSES, CHARLES 391 VILLA DRIVE SOUTH ATLANTIS FL |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>INMAN, LAWRENCE</i> 422 FRENCH ROYALE CIRCLE ATLANTIS FL 33462 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>SCHLUOKER, HAROLD</i> 395 VILLA DR S ATLANTIS FL 33462 |

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: *[Signature]* DATE: *1/9/01* DAYTIME PHONE #: *661 967 5860*

CR2E037 (10/00)