

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90272 019 \*\*\*\*61.25

**DOCUMENT # 720936**

1. Entity Name

**FRENCH ROYALE VILLAS ASSOCIATION, INC.** ✓

Principal Place of Business

Mailing Address

391 VILLA DRIVE SOUTH  
 ATLANTIS FL 33462  
 US

391 VILLA DRIVE SOUTH  
 ATLANTIS FL 33462  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

**MOSES, CHARLES**  
 391 VILLA DR S.  
 ATLANTIS FL 33462

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: ST GEORGE, CATHERINE  
 STREET ADDRESS: 449 FRENCH ROYALE CIRCLE  
 CITY-ST-ZIP: ATLANTIS FL  
 Delete

TITLE: *Secretary, Harriet*  
 NAME: *391 VILLA DR S*  
 STREET ADDRESS: *ATLANTIS FL 33462*  
 CITY-ST-ZIP: *Villa Pres*  
 Change  Addition

TITLE: D  
 NAME: WOODS, LUTHER  
 STREET ADDRESS: 407 VILLA DR., S.  
 CITY-ST-ZIP: ATLANTIS FL  
 Delete

TITLE:  Change  Addition

TITLE: D  
 NAME: SEAQUIST, KEN  
 STREET ADDRESS: 441 FRENCH ROYALE CIRCLE  
 CITY-ST-ZIP: ATLANTIS FL  
 Delete

TITLE:  Change  Addition

TITLE: SD  
 NAME: VAN HOEVEN, NANCY  
 STREET ADDRESS: 434 FRENCH ROYALE CIRCLE  
 CITY-ST-ZIP: ATLANTIS FL  
 Delete

TITLE:  Change  Addition

TITLE: TD  
 NAME: MOSES, CHARLES  
 STREET ADDRESS: 391 VILLA DRIVE SOUTH  
 CITY-ST-ZIP: ATLANTIS FL  
 Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

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:

*SICHA...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)