


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90065 034 ****70.50

DOCUMENT # 736523 1. Entity Name THE FRENCH QUARTER HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 12000 BASIN ST. WELLINGTON, FL 33414 US			Mailing Address 12000 BASIN ST. WELLINGTON, FL 33414 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1783374	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ABRAMSON, LAWRENCE M 1860 FOREST HILL BLVD SUITE 200 W PALM BEACH, FL 33406				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIVINGSTON, ROBERT		NAME	<i>P. Lucy Ruyon</i>	
STREET ADDRESS	12039 BASIN ST N.		STREET ADDRESS	<i>12062 Basin St.</i>	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	<i>Wellington, FL 33414</i>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOEMAKER, JANE		NAME	<i>Richard J. Del Russo</i>	
STREET ADDRESS	12047 N BASIN ST		STREET ADDRESS	<i>12079 Basin St. West</i>	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	<i>Wellington, FL 33414</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>Candida S. Heater</i>	
STREET ADDRESS			STREET ADDRESS	<i>12003 Basin St. West</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Wellington, FL 33414</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>Donna Campbell</i>	
STREET ADDRESS			STREET ADDRESS	<i>12054 Basin St. North</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Wellington, FL 33414</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>Mary E. Hitchcock</i>	
STREET ADDRESS			STREET ADDRESS	<i>12043 Basin St. North</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Wellington, FL 33414</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jane Shoemaker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/14/07 <small>Date</small>		