FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:37

DOCUMENT # 744217 (1)

1. Corporation Name
FRENCHMAN'S CREEK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13495 TOURNAMENT DR. PALM BCH GDNS FL 33410	13495 TOURNAMENT DR. PALM BCH GDNS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2734365 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ABRAMSON, LAWRENCE M
1860 FOREST HILL BLVD.
SUITE 200
W. PALM BCH. FL 33406

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WEINER, HOWARD	1.2 NAME	Wiener, Howard	
STREET ADDRESS	13245 VERDUN DR	1.3 STREET ADDRESS	13245 Verdun Drive	
CITY-ST-ZIP	PALM BCH. GDNS. FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HONIG, DAN	2.2 NAME	Lipschutz, Harold	
STREET ADDRESS	13094 REDON DR.	2.3 STREET ADDRESS	13253 Verdun Drive	
CITY-ST-ZIP	PALM BCH. GDNS. FL	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	TD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	BLOCH, GIL	3.2 NAME	Langsam, Ralph	
STREET ADDRESS	3349 ST. MALO CT.	3.3 STREET ADDRESS	3694 Dijon Way	
CITY-ST-ZIP	PALM BCH. GDNS. FL	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	VD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	LANGSAM, RALPH	4.2 NAME	Bloch, Gil	
STREET ADDRESS	3694 DIJON WAY	4.3 STREET ADDRESS	3349 St. Maol Court	
CITY-ST-ZIP	PALM BCH. GDNS. FL	4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	VD	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	LIPSCHUTZ, HAROLD	5.2 NAME	Burnett, Richard	
STREET ADDRESS	13253 ERDUN DR	5.3 STREET ADDRESS	13602 Verde Drive	
CITY-ST-ZIP	PALM BCH GDNS FL	5.4 CITY-ST-ZIP	Palm Beach Gardens, Fl 33410	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Pres. 2-1-95 407-627-1467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048415