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**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90023 032 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744217**

1. Corporation Name

**FRENCHMAN'S CREEK PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

13495 TOURNAMENT DR.  
PALM BCH GDNS FL 33410

Mailing Address

13495 TOURNAMENT DR.  
PALM BCH GDNS FL 33410



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**09/08/1978**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-2734365**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCRACKEN, JOHN B**  
**505 S. FLAGLER DR.LVD.**  
**SUITE 1100**  
**WEST PALM BEACH FL 33401-3475**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JAYSON, KENNETH	
STREET ADDRESS	3163 MIRO DR N	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<del>SD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>MOSER, STANLEY</del>	
STREET ADDRESS	<del>3120 BURGUNDY DR N</del>	
CITY-ST-ZIP	<del>PALM BEACH GARDENS FL</del>	

2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Davidson, Blanche	
2.3 STREET ADDRESS	3300 Monet Drive	
2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOWARD, MELVIN	
STREET ADDRESS	3139 MIRO DR S	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

3.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, MARIKAY	
STREET ADDRESS	13917 LE HAVRE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<del>VP</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>SICKIN, ROBERT</del>	
STREET ADDRESS	<del>13677 RIVOLI DR</del>	
CITY-ST-ZIP	<del>PALM BEACH GARDENS FL</del>	

5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Berman, Alan	
5.3 STREET ADDRESS	3049 Chateau Drive	
5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 2 or Block 13 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)