

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90137 007 ****61.25

DOCUMENT # 744217

1. Entity 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**

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

59-2734365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCRACKEN, JOHN B
 105 S. FLAGLER DR. W.D.
 SUITE 1100
 WEST PALM BEACH FL 33401-3475**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 MURPHY, GEORGE
 13839 LE MANS WAY
 PALM BEACH GARDENS FL 33410** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**J.D.
 JAY BRAMSON
 13228 VERDUN DRIVE
 PALM BEACH GARDENS, FL 33410** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 SHAMBAN, ADELE
 3330 DEGAS DRIVE WEST
 PALM BEACH GARDENS FL 33410** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 SHERMAN, LAWRENCE
 13893 RIVOLI DRIVE
 PALM BEACH GARDENS FL 33410** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 SILVER, WILLIAM
 13853 LE HAVRE DRIVE
 PALM BEACH GARDENS FL 33410** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 BERMAN, ALAN
 3049 CHATEAU DRIVE
 PALM BEACH GARDENS FL 33410** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 561-775-6400 x374
 Date Daytime Phone #

CR2E037 (9/01)