

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90156 049 ****61.25

DOCUMENT # 725651

1. Entity Name
FRENCH QUARTER CONDOMINIUM PHASE IV, INC.



Principal Place of Business
**408 N. W. 70TH AVE.
PLANTATION FL 33317-7550**

Mailing Address
**408 N. W. 70TH AVE.
PLANTATION FL 33317-7550**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1463574**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CRAWFORD, BOBBIE
304 NW 69 AVE
#155
PLANTATION FL 33317**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
SD	MOHO, JEFFRIES	302 NW 69TH AVE # 257	PLANTATION FL 33317	<input type="checkbox"/>	<input type="checkbox"/>
D	BAUER, MERCEDES	302 NW 69 AVE- #157	PLANTATION FL 33317	<input type="checkbox"/>	<input type="checkbox"/>
VD	DANA SUTTER	284 NW 69TH AVENUE, #180	PLANTATION FL 33317	<input type="checkbox"/>	<input type="checkbox"/>
PD	CRAWFORD, BOBBIE	304 NW 69 AVE- #155	PLANTATION FL 33317	<input type="checkbox"/>	<input type="checkbox"/>
SD	TESLOW, MARY	300 NW 69 AVE- #160	PLANTATION FL 33317	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

2-18-03 454-581-6041 X22

CR2E037 (10/02)