FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 74

747861

(3)

FRENCH QUARTER NORTH CONDOMINIUM ASSOCIATION, IN

FILED May 20 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address			E HARBINI ODDIJA DIBINI HADDA I DRVIM BYNDA HIBY O'NDEU DIBINI BYDDI DIBINI DIBINI DIBINI DIBINI DIBINI DIBINI			
4050 FOURTH STREET NORTH ST PETERSBURG FL 33703		4050 FOURTH STREET NORTH ST PETERSBURG FL 33703-5738						
ii					3. Date incorporated or Qualified 06/29/1979	3a. Date of Lat 03/15/		
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-1928593		Not Applicable	
Suite, Apt. :	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required	
City & State	3	City & State			6. Election Campaign Financing	\$5 (00 May Be	
23		28		Trust Fund Contribution	Added to Fees			
Zιρ	Country	Zip	Country		8. This corporation has liability for	intangible tax unde	er s. 199,032,	
24	25	29	30			Yes No		
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
](Name]	
WOLANYK BEVERLY				32 Street A	Address (P.O. Box Number is Not Acceptable)			
4050 FO		['	Street Address (P.O. Box Normber is Not Acceptable)					
i e	RSBURG FL 33703		ħ	33			***	
011111	HODONG TE BOYOU		Į.					
			[1	34 City		FL 85 2	Zip Code	
11 Purguant t	to the provisions of Sections 617.05	02 and 617 1509. Florida Statu	ites the sh	nve-named r	corporation submits this statement for the p		n its registered	
office or re	egistered agent, or both, in the Stat	e of Florida. Such change was	authorized	by the corp	oration's board of directors. I hereby accept	ot the appointment	as registered	
agent. Lai	m familiar with, and accept the obliq	gations of, Section 617.0503, F	iorida Statu	tes.			ļ	
SIGNATURE _	Signature, typed or printed name of registered ag		W. D. S. Sand	4 1	required when reinstating)	DATE		
		ND DIRECTORS	13.	Agent (Ingresture I	ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
12.	PD OFFICERS AF	DELETE 1.1		c 1	ADDITIONS/OF ANGLES TO OFFIC	Chan		
		1				Chan	No First Location	
NAME	REYBUCK, WANDA J		1.2 NA					
STREET ADDRESS	4050 - 4TH ST. N #217			EET ADDRESS				
CITY-ST-ZIP	ST PE	T DELETE		r-ST-ZIP		[] []	an I Laddisian	
TITLE			2.1 Tife	· \		Chan	ge Addition	
NAME	WOLANYK, BEVERLY		2.2 NA	AE				
STREET ADDRESS	4050 - 4TH ST. N #129		2.3 STR	EET ADDRESS				
C+TY - ST - ZIP	ST. PETERSBURG FL			Y-ST-Z#	······································			
TITLE	10		3.1 T(T)	.E.		Chan	ge	
NAME	ALLARD, ROGER		3.2 NA	VE [
STREET ADDRESS	4050 - 4TH ST. N #302	3.3 \$		EET ADDRESS	4050 4th ST. N.	#320		
CITY - S1 - ZIP	ST PETERSBURG FL		3.4. CIT	Y-ST-ZIP				
TITLE	D	DELETE	4.1 TIT	E Ţ	D	☐ Chan	ge Addition	
NAME	FORHOLT, AL	•	4. 2 NA	ME]				
STREET ADDRESS	4050 - 4TH ST. N #201		4.3 STF	EET ADDRESS	PATENAUDE, ARMAND	ti		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CIT	Y-ST-ZIP	Off TOTOMIC OCCUPANT AND	#209		
TITLE	VD	DELETE	5.1 T (T)	E	DI. PRUKENATURG FL	Chan	ige 🔲 Addition	
NAME	JONES, MARIE E		5.2 NA	AE				
STREET ADDRESS	4050 4TH ST N #125		•	EET ADDRESS			'	
CHTY-ST-ZIP	ST PETERSBURG FL 33703			Y-ST-ZIP				
TITLE		DELETE	6.1 TITI			Chan	ge Addition	
NAME			6.2 NAI	1		_	- "	
STREET ADDRESS			- 1	EET ADDRESS			İ	
				1				
CITY-ST-ZIP	by certify that the information suppli	ed with this filing does not gue		Y-ST-ZIP	tated in Section 119.07(3)(i). Florida Statute	s. I further certify t	hat the	

1. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

BEVER LY WOLAN HIK KOW IGNATURE AND TYPED IN PRINTED HAME OF BIGNING OFFICER OF DIRECTOR 1-22-97 526-68: Dayame Phone • 0049983