FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

(3)

FRENCH QUARTER NORTH CONDOMINIUM ASSOCIATION, IN

Feb 24 1998 8:00am Secretary of State

FILED

C.					
Principal Place of Business		Malling Address	Malling Address		r sagun zaan asar iasan sana ainsa sist aisat aran dian dian aisit aisit aisit aisit aisit aisit aisit aisit a
4050 FOURTH STREET NORTH ST PETERSBURG FL 33703		4050 FOURTH STREET NORTH ST PETERSBURG FL 33703			3. Date Incorporated or Qualified 06/29/1979
					4. FEI Number Applied For 59-1928593 Not Applicable
2. Principal Place of Business		2a. Mailing Address		• • •	F0 75
21		26			5. Certificate of Status Desired Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
City & State		City & State			Trust Fund Contribution Added to Fees
23		28			7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Coun	try	B. This corporation owes or has paid the current year Intangible
24 25 29			30		Personal Property Tax due June 30. Yes 🔀 No
9. Name and Address of Current Registered Agent				1 Name	10. Name and Address of New Registered Agent
SHOLEANIZ OF FOLK			l°	Name	9
WOLANYK BEVERLY 4050 FOURTH STREET NORTH #129			E	2 Street	t Address (P.O. Box Number Is Not Acceptable)
ST PETERSBURG FL 33703				3	
31 FEIE	MODUNG PE 93709		Ľ		
ļ			8	4 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 R 12. OFFICERS AND DIRECTORS			Registered A	igent signature	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITU	:	V1) Change Addition
NAME	REYBUCK, WANDA J		1.2 NAM	_	AT)
STREET ADDRESS	4050 - 4TH ST. N #217			ET ADDRESS	
CITY-ST-ZIP	ST PE			- ST-ZIP	ST.PETERSBURG FL33703
TITLE	SD	DELETE	2.1 TITLE		Change Addition
NAME	WOLANYK, BEVERLY		2.2 NAM	£	
STREET ADDRESS	4050 - 4TH ST. N #129		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY	-ST-ZIP	
TITLE	TD	DELETE 3.1			☐ Change ☐ Addition
NAME	, ,		3.2 NAM	E	
STREET ADDRESS	4050 4TH ST. N.,#320		3.3 STRE	ET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY	'-ST-7IP	

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

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

SIGNATURE

PATENAUDE, ARMAND

4050 4TH ST. N., #209

ST. PETERSBURG FL

4050 4TH ST N #125

ST PETERSBURG FL 33703

JONES, MARIE E

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STEWART, ELIZABETH J

4050 4th ST. N.

ST.PETERSBURG

☐ Change

Change

☐ AddItion

Addition

Addition