2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90971 006 ****61.25

DOCUMENT # 747861

1. Entity Name
FRENCH QUARTER NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4050 FOURTH STREET NORTH ST PETERSBURG, FL 33703	4050 FOURTH STREET NORTH ST PETERSBURG, FL 33703

04052005 Chg-NP CR2E037 (10/03)

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 59-1928593 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOLANYK BEVERLY
4050 FOURTH STREET NORTH #129
ST PETERSBURG, FL 33703

7. Name and Address of New Registered Agent

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

Filing Fee is $61.25
Due by May 1, 2005

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	SD JOCHIMS, NIECE 10033 NINTH STREET NORTH ST. PETERSBURG, FL 33716	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Brownsell, Brian 4050 4th St. No St. Petersburg, FL. 33703	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KOPREVICH, FRANK 10033 NINTH STREET NORTH ST PETERSBURG, FL 33716	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Adams, Delores 4050 4th St. No. St. Petersburg, FL 33703	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOPREVICH, THOMAS 10033 NINTH STREET NORTH ST. PETERSBURG, FL 33716	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Reybuck, Wanda J. 4050 4th St. No. St. Petersburg 33703	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MUELLER, SUSANNE 10033 NINTH STREET NORTH ST. PETERSBURG, FL 33716	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAJRIC, ELVIRA 10033 NINTH STREET NORTH SAINT PETERSBURG, FL 33716	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bergwist, Stella 4050 4th St. No. St. Petersburg, FL 33703	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHUBERT, JAMES 10033 NINTH STREET NORTH ST. PETERSBURG, FL 33716	☑ 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: B Brownsell 4-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #