FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 722725**

FRENCH QUARTER CONDOMINIUM PHASE II, INC.

Principal Place of Business	
408 N.W. 70TH AVENUE	
DI ANTATIONI EL 22217.7550	

2. Principal Place of Business

Mailing Address

2a. Mailing Address

408 N.W. 70TH AVENUE PLANTATION FL 33317-7550

FILED May 04, 1999 8:00 am § Secretary of State

05-04-1999 90164 019 ****61.25

3. Date Incorporated or Qualifed

02/21/1972

21			26				1	02/21/1972					
	uite, Apt.	#, etc.		pt. #, etc.				4. FEI Number		App	lied For		
22			27				1	59-1464057		Not	Applicable		
	ity & State			City & State				5 0 1/7 / (Obstant Decision		. \$8.75 A	dditional		
23		•	28					5 Certificate of Status Desired		Fee Rec	uired		
Zi	ip	Country	Zip					6. Election Campaign Financia	ng —	\$5.00	vlav Be		
24		25						Trust Fund Contribution	"s 🗆	Added to	Fees		
9. Name and Address of Current Registered Agent								10. Name and Address of Ne	w Registered	Agent			
						Name							
ODOM WAYNE H					92	CO. Co. A. C.							
ODOM, WAYNE H 424 NW 70TH AVENUE #122					02	82 Street Address (P.O. Box Number is Not Acceptable)							
		ON FL 33317			83	83							
PL.	MININA	JN FL 33317							·				
						84 City FL 85 Zip Code							
14 3	Dumund (the provisions of Sections 617 050	2 and 617 1508	Florida Statutes	the above	named	cornor	ation submits this statement for	the purpose of	changing its r	egistered		
	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												
1	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGN	SIGNATURE Singulars broad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12.		Signature, typed or printed name of registered ager	D DIRECTORS	, (NOTE: Re	13.	if endurations t	equireu w	ADDITIONS/CHANGES TO		ID DIRECTOR	RS IN 12		
TITLE	· · · · · · ·	VD OFFICERS AN	DIRECTORS	'₩ DELETE	1.f TITLE		αV			Change	Addition		
		ODOM, WAYNE H. III		*	1.2 NAME			SCHAL DESAL					
NAME			•			ADORESS	42	4 N.W. TOTHA	vE, # 27	r3			
'	T ADDRESS	424 NW 70TH AVE #122					D/	DOLTATION FL	3 3317		.		
CITY-S	ST-ZIP	PLANTATION FL 33317		DELETE	1.4 CITY-S	T-ZIP		ANTATION, FL			Addition		
TITLE	ļ	PD		POELEIE	2.1 TITLE		PD	NNA HENNESSY O N. W. FOTH A		□ Onengo	Z		
NAME		ROBINSON, RICHARD			2.2 NAME		120	O N. W. TOTH A	JE, # 2.	30			
STREE	T ADDRESS	432 NW 70TH AVE #131			2.3 STREET						1		
CITY-S	ST-ZIP	PLANTATION FL 33317			2.4 CITY-S	T-ZIP		INTATION, FL		Change	Addition		
TITLE		D 1 2 2 2		DELETE	3.1 TITLE		D	YNE ODOM		☐ change	M VOOIIDON)		
NAME		WINTER, JEAN			3.2 NAME		WF	TOTH!	AVE, #	122	. [
STREE	T ADDRESS	424 NW 70TH AVENUE #123			3.3 STREET	ADDRESS	43	7 N. W.	222.0				
CITY-S	ST-ZIP	PLANTATION FL 33317			3.4. CITY-S	T-ZIP	14.	ANTATION, FL	00311				
TITLE		TD		☐ DELETE	4.1 TITLE			•		☐ Change	☐ Addition		
NAME		DELINCE, KERN			4. 2 NAME								
STREE	T ADDRESS	432 NW 70TH AVE #134			4.3 STREET	ADDRESS			•				
CITY-S	ST-ZIP	PLANTATION FL 33317			4.4 CITY-S	T-ZIP							
TITLE		SD		☐ DELETE	5.1 TITLE					Change	☐ Addition		
NAME		WALLACE, JULIANNE			5.2 NAME			**					
STREE	T ADDRESS	424 NW 70 AVE #124			5.3 STREET	ADDRESS							
CITY-S	ST-ZIP	PLANTATION FL 33317		,	5.4 CITY-S	T-ZIP			·				
TITLE				☐ DELETE	6.1 TITLE					☐ Change	☐ Addition		
NAME	. 1	,			6.2 NAME		1				.]		
STREE	T ADDRESS	· · · · · · · · · · · · · · · · · · ·			6.3 STREET	ADDRESS		•			1		
CITY-5	ST- 7IP	·			6.4 CITY-S						·		
14.	I hereby o	ertify that the information supplied wi	th this filing does	not qualify for th	e exempt	ion state	d in Se	ction 119.07(3)(i), Florida Statut	es. I further ce	rtify that the in	formation		

indicated on this annual report of supplemental annual report is due and accurate and that my signature shall have the same legal effect as it 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 a stachment with an address with all other like empowered.

SIGNATURE: