Amended

FILED 07-29-2004 90143 001 ***306.25
722725

04 AUG 12 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66430962

07012004 Chg-NP CR2E037 (10/03)

#61.25

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 722725

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

Principal Place of Business	Mailing Address
408 N.W. 70TH AVENUE PLANTATION, FL 33317-7550	408 N.W. 70TH AVENUE PLANTATION, FL 33317-7550

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 59-1464057 ☐ Applied For ☐ Not Applicable

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
~~ODOM, WAYNE H~~ 424 NW 70TH AVENUE #122 PLANTATION, FL 33317	Name Phoenix Management Services Inc. Street Address (P.O. Box Number is Not Acceptable) 4780 N. State Road 7 #E250 Lauderdale Lakes FL Zip Code 33319

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 J.D. Keating 8/9/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR 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	PD OVISDOM, JOE 4520 NW 6 CT PLANTATION, FL 33317	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joe Drisdom 4520 nw 6 Court Plantation, FL 33317	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ODOM, WAYNE H 424 NW 70 AVE #127 PLANTATION, FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Wayne Odom 424 nw 70th Avenue #122 Plantation, FL 33317	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELINCE, KERN 432 NW 70TH AVE #134 PLANTATION, FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Kern Delince 432 nw 70 Avenue #134 Plantation, FL 33317	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AUSTIN, JOHN 424 NW 70 AVE #224 PLANTATION, FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD John Austin 424 nw 70 Avenue #224 Plantation, FL 33317	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAIEVI, DELEVA 432 NW 7TH AVE 133 PLANTATION, FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deleva Ranieri 432 nw 70 Avenue #133 Plantation, FL 33317	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: Wayne H. Odom Treasurer 7/21/04 954-797-1406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

WAYNE H. Odom Treasurer

B