

FILE NOW: FILING FEE IS \$61.25

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

05-04-1999 90163 019 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 721724**

1. Corporation Name

**FRENCH QUARTER CONDOMINIUM PHASE I, INC.**

Principal Place of Business

408 N.W. 70TH AVENUE  
 PLANTATION FL 33317

Mailing Address

408 N.W. 70TH AVENUE  
 PLANTATION FL 33317



\* 4 482906 - 90163 - 17

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/17/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1464058	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip		Zip			
24		29		30	
Country		Country			
25		29		30	

9. Name and Address of Current Registered Agent

**DAVIS, LYNN E.**  
 380 N.W. 69TH AVENUE APT.205  
 PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, DAVIS	1.2 NAME	
STREET ADDRESS	380 NW 69 AVE #205	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEN, JOSEPH	2.2 NAME	
STREET ADDRESS	400 NW 70TH AVE. #213	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEY, VERDA	3.2 NAME	TD
STREET ADDRESS	404 NW 70TH AVE. #117	3.3 STREET ADDRESS	GEORGE ZENTGRAF
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	400 N.W. 70TH AVE, # 111 PLANTATION, FL 33317
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK, RICHARD	4.2 NAME	D
STREET ADDRESS	404 NW 70TH AVE 216	4.3 STREET ADDRESS	BOB MILLS
CITY-ST-ZIP	PLANTATION FL 33317	4.4 CITY-ST-ZIP	400 N.W. 70TH AVE, #210 PLANTATION, FL 33317
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOGGINS, ELZABETH	5.2 NAME	SD
STREET ADDRESS	404 N.W. 70TH AVE., #118	5.3 STREET ADDRESS	ROSEMARY GARAVLIA
CITY-ST-ZIP	PLANTATION FL 33317	5.4 CITY-ST-ZIP	360 N.W. 69TH AVE, #101 PLANTATION, FL 33317
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE: *Lynn Davis* SIGNATURE REQUIRED, PRESIDENT 4/26/99 791-1850  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)