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**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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/17/1971

4. FEI Number

59-1464058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME LYNN, DAVIS
STREET ADDRESS 380 NW 69 AVE #205
CITY-ST-ZIP PLANTATION FL

TITLE VPD ☐ DELETE
NAME GLEN, JOSEPH
STREET ADDRESS 400 NW 70TH AVE. #213
CITY-ST-ZIP PLANTATION FL

TITLE TD ☒ DELETE
NAME KELLEY, VERDA
STREET ADDRESS 404 NW 70TH AVE. #117
CITY-ST-ZIP PLANTATION FL

TITLE D ☒ DELETE
NAME FRANK, RICHARD
STREET ADDRESS 404 NW 70TH AVE 216
CITY-ST-ZIP PLANTATION FL 33317

TITLE SD ☒ DELETE
NAME SCOGGINS, ELZABETH
STREET ADDRESS 404 N.W. 70TH AVE., #118
CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME TD
3.3 STREET ADDRESS GEORGE ZENTGRAF
3.4 CITY-ST-ZIP 400 N.W. 70TH AVE, #111
PLANTATION, FL 33317

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS BOB MILLS
4.4 CITY-ST-ZIP 400 N.W. 70TH AVE, #210
PLANTATION, FL 33317

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME SD
5.3 STREET ADDRESS ROSEMARY GARAVGLIA
5.4 CITY-ST-ZIP 360 N.W. 69TH AVE, #101
PLANTATION, FL 33317

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

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)