

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED 07-29-2004 90143 001 ***306.25
721724 61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07012004 Chg-NP GR2E037 (10/03) 04

4. FEI Number 59-1464058 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DOCUMENT # 721724
1. Entity 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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

6. Name and Address of Current Registered Agent
MILLS, ROBERT R
400 NW 70TH AVE, APT 110
PLANTATION, FL 33317

7. Name and Address of New Registered Agent
Name Phoenix Management Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
4720 N. State Road 7 #2250
Lakeland Lakes FL 33519

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]* 8/5/04

Filing Fee is \$61.25
Due by September 8, 2004

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO GLEN, JOSEPH 400 NW 70TH AVE. #213 PLANTATION, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ZENTGRAF, GEORGE 400 NW 70TH AVE. #111 PLANTATION, FL 33317 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILL, BOB 400 NW 70TH AVE. #210 PLANTATION, FL 33317 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARAVGLIA, ROSEMARY 360 NW 70TH AVE. #101 PLANTATION, FL 33317 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BARRY SMITH 404 NW 70 AVENUE #218 PLANTATION, FL 33317 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FRANCENE YAPP 404 NW 70 AVENUE #217 PLANTATION, FL 33317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TANVA MISTRALA 404 NW 70 AVENUE #120 PLANTATION, FL 33317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROSEMARY GARAVGLIA 360 NW 70 AVENUE #101 PLANTATION, FL 33317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CARDI DOBITZ 400 NW 70 AVENUE #114 PLANTATION, FL 33317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE *[Signature]* 7-20-2004 954-673-2580

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