

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90091 001 \*\*\*211.25

**66000253**



01162006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 721724</b>					
1. Entity Name FRENCH QUARTER CONDOMINIUM PHASE I, INC.					
Principal Place of Business 408 N.W. 70TH AVENUE PLANTATION, FL 33317 US			Mailing Address C/O PHOENIX MGMT 4780 N STATE RD 7 STE E-250 LAUDERDALE LAKES, FL 33319 US		
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 59-1464058				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PHOENIX MANAGEMENT SERVICES, INC. 4780 N. STATE ROAD 7, #E250 LAUDERDALE LAKES, FL 33329				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BARRY			NAME	
STREET ADDRESS	404 NW 70TH AVENUE, #218			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAPP, FRANCENE			NAME	
STREET ADDRESS	404 NW 70TH AVENUE, #217			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISTRETTA, TANYA			NAME	
STREET ADDRESS	404 NW 70TH AVENUE, #120			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARAVGLIA, ROSEMARY			NAME	
STREET ADDRESS	360 NW 70TH AVE. #101			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONITZ, CAROL			NAME	
STREET ADDRESS	400 NW 70TH AVENUE, #114			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>William H. Coler</i>				Date: <i>1-19-06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <i>954-444-829</i>	