

NOV. 6. 2007 1:55PM

PHOENIX MANAGEMENT

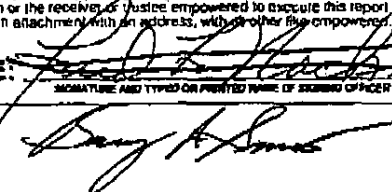
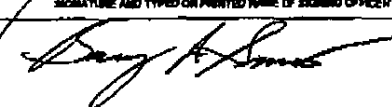
NO. 0824 P. 3

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 NOV -7 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #721724			
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 - No P.O. Box #		3. Mailing Address 4800 N. State Rd 7 #105	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 59-1464058		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHOENIX MANAGEMENT SERVICES, INC. 4780 N. STATE ROAD 7 STE E-250 LAUDERDALE LAKES, FL 33319		7. Name and Address of New Registered Agent 4800 N State Road 7 #105 FL Zip Code	
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, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agents signature required when renewing reg) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		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 SMITH, BARRY 404 NW 70TH AVENUE, #218 PLANTATION, FL 33317 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YAPP, FRANGENE 404 NW 70TH AVENUE, #217 PLANTATION, FL 33317 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZENTGRAF, ALICE 404 NW 70 AVE #111 PLANTATION, FL 33317 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARAVGLIA, ROSEMARY 360 NW 70TH AVE. #101 PLANTATION, FL 33317 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORDON, SCOTT 404 NW 70 AVE #215 PLANTATION, FL 33317 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO DONITZ, CAROL 400 NW 70TH AVENUE, #114 PLANTATION, FL 33317 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STROUSE, KATHLEEN 400 NW 70 AVE #217 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONITZ, CAROL 400 NW 70 AVE #114 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 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 receiving justice 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 another five empowered.			
SIGNATURE: 		4/23/07 954-792-5399	
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR 		9/20/07 954-581-9469	