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	Mailing Address
408 N.W. 70TH AVENUE PLANTATION, FL 33317 US	C/O PHOENIX MGMT ~~4780 N STATE RD 7 STE E-250~~ LAUDERDALE LAKES, FL 33319 US

01152007 Chg-NP CR2E037 (12/06)

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. FEI 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	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) 4800 N State Road 7 #105 City 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, #216 PLANTATION, FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD YAPP, FRANCENE 404 NW 70TH AVENUE, #217 PLANTATION, FL 33317	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ZENTGRAF, Alice 400 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 400 NW 70 Ave #215 Plantation, FL 33317	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD 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	PD 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 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: _____ 4/23/07 954-792-5394
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

9/20/07 954 581 9469