FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725651 (4)

1. Corporation Name
FRENCH QUARTER CONDOMINIUM PHASE IV, INC.

Principal Place of Business	Mailing Address
408 N. W. 70TH AVE. PLANTATION FL 33317-7550	408 N. W. 70TH AVE. PLANTATION FL 33317-7550

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1973
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1463574 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SUTTER, DANA
284 NW 69TH AVENUE
#180
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name: CRAWFORD BOBBIE
82 Street Address (P.O. Box Number is Not Acceptable)
83: 304 NW 69th Ave. #155
84 City: Plantation, Fl 33317 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Bobbie E Crawford 4-22-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE	VPD	☑ Change ☐ Addition
NAME	SUTTER, DANA	1.2 NAME	Jeffries, Mona	
STREET ADDRESS	284 NW 69TH AVE. #180	1.3 STREET ADDRESS	302 NW 69th Ave. #257	
CITY-ST-ZIP	PLANTATION, FL 00000	1.4 CITY-ST-ZIP	Plantation, Fl 33317	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, BOBBI	2.2 NAME		
STREET ADDRESS	304 NE 69TH AVE #155	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 00000	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBERSON, PAT	3.2 NAME		
STREET ADDRESS	300 N.W. 69TH AVE. #160	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	THOMAS, DARRELL W.	4.2 NAME	Sutter, Dana	
STREET ADDRESS	298 N.W. 69TH AVE. #283	4.3 STREET ADDRESS	284 NW 69th Ave. #180	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	Plantation, Fl 33317	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	ERVING, ROBERT	5.2 NAME	Demarais, Bonnie	
STREET ADDRESS	302 N.W. 69TH AVE. #258	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Bobbie E. Crawford Bobbee Crawford 4-18-95 (305)587-6041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010280