


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90170 001 ***545.00

DOCUMENT # 725651 1. Entity Name FRENCH QUARTER CONDOMINIUM PHASE IV, INC.					
Principal Place of Business 408 N. W. 70TH AVE. PLANTATION, FL 33317-7550			Mailing Address 4780 N. STATE RD. 7. #E-250 LAUDERDALE LAKES, FL 33319		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PHOENIX MANAGEMENT SERVICES, INC. 4780 N. STATE ROAD 7, #E250 LAUDERDALE LAKES, FL 33329			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SD VAN DUSEN, CYNTHIA 286 NW 69TH AVENUE, #274 PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, Bobbie 304 NW 69 Ave #155 PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELL, JOYCE 282 NW 69TH AVENUE, #277 PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Silver, Tina 284 NW 69 Ave #279 PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, BOBBIE 304 NW 69 AVE - #155 PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cole, Billie 288 NW 69 AVE #272 PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILVER, TINA 284 NW 69TH AVENUE, #279 PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bell, Joyce 282 NW 69 Ave #277 PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D White, William 300 NW 69 Ave #160 PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/23/07 954-792-5394 <small>Date Daytime Phone #</small>		