

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

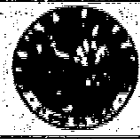
APPROVED AND FILED

95 APR 26 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 726607 (5)
1. Corporation Name
FRENCH QUARTER CONDOMINIUM PHASE V, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/05/1973** 3a. Date of Last Report: **04/29/1994**

4. FEI Number: **59-1464055** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

22 Suite, Apt. #, etc. **27** Suite, Apt. #, etc.

23 City & State **28** City & State

24 Zip **25** Country **29** Zip **30** Country

9. Name and Address of Current Registered Agent
**BILL COKER
334 N.W. 69TH AVE., #196
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARDEN, MARY	1.2 NAME	
STREET ADDRESS	334 NW 69TH AVE #296	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCALOS, FRED	2.2 NAME	VPD Burns, David
STREET ADDRESS	332 NW 69TH AVENUE #298	2.3 STREET ADDRESS	316 NW 69th Ave, #187
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKER, WILLIAM	3.2 NAME	
STREET ADDRESS	334 NW 69TH AVENUE #196	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLENDER, ENID	4.2 NAME	D Nachman, Fred
STREET ADDRESS	316 NW 69TH AVENUE #188	4.3 STREET ADDRESS	330 NW 69th Ave, #192
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE	SD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, DAVID	5.2 NAME	SD Huber, Bob
STREET ADDRESS	316 NW 69TH AVENUE #187	5.3 STREET ADDRESS	334 NW 69th Ave, #295
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(h), 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 my address.

SIGNATURE: William Coker **William Coker** 4/18/95 (30) 791-4694
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #