

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-4-29-96

B-4829

C

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



3. Date Incorporated or Qualified

06/05/1973

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1464055

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

25

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BILL COKER
334 N.W. 69TH AVE., #196
PLANTATION FL 33317

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☐ DELETE
NAME TD
STREET ADDRESS DEARDEN, MARY
CITY-ST-ZIP 334 NW 69TH AVE #296
PLANTATION FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME TD
1.3 STREET ADDRESS ROBERT HUBER
1.4 CITY-ST-ZIP 334 NW 69th Ave. #295
Plantation, FL 33317

TITLE ☐ DELETE
NAME VPD
STREET ADDRESS BURNS, DAVID
CITY-ST-ZIP 316 NW 69TH AVE, #187
PLANTATION FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME PD
STREET ADDRESS COKER, WILLIAM
CITY-ST-ZIP 334 NW 69TH AVENUE #196
PLANTATION FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS NACHMAN, FRED
CITY-ST-ZIP 330 NW 69TH AVE. #192
PLANTATION FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME D
4.3 STREET ADDRESS JOSEPH BUCALOS
4.4 CITY-ST-ZIP 332 NW 69th Ave. #293
Plantation, FL 33317

TITLE ☐ DELETE
NAME SD
STREET ADDRESS HUBER, BOB
CITY-ST-ZIP 334 NW 69TH AVE., #295
PLANTATION FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME SD
5.3 STREET ADDRESS FRED NACHMAN
5.4 CITY-ST-ZIP 330 NW 69th Ave. #192
Plantation, FL 33317

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-96 954-791-4694

CR2E037 (12/95)