

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726607 (5)**  
 1. Corporation Name  
**FRENCH QUARTER CONDOMINIUM PHASE V, INC.**



Principal Place of Business <b>408 N.W. 70TH AVE. PLANTATION FL 33317-7550</b>	Mailing Address <b>408 N.W. 70TH AVE. PLANTATION FL 33317-7550</b>
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3. Date incorporated or Qualified <b>06/05/1973</b>		
4. FEI Number <b>59-1464055</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

**9. Name and Address of Current Registered Agent**

**BILL COKER**  
**334 N.W. 69TH AVE.**  
**#298**  
**PLANTATION FL 33317**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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: *Bill Coker, Bill Coker Pres.* **4-28-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBERT HUBER</b>	
STREET ADDRESS	<b>334 N.W. 69TH AVE., #295</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>BURNS, DAVID</b>	
STREET ADDRESS	<b>316 NW 69TH AVE, #187</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>COKER, WILLIAM</b>	
STREET ADDRESS	<b>334 N.W. 69TH AVE., #298</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOSEPH BUCALOS</b>	
STREET ADDRESS	<b>332 N.W. 69TH AVE., #293</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FRED NACHMAN</b>	
STREET ADDRESS	<b>330 NW 69TH AVENUE, #192</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FERNANDES, RAYMOND</b>	
1.3 STREET ADDRESS	<b>332 NW 69TH AVE, #294</b>	
1.4 CITY-ST-ZIP	<b>PLANTATION, FL 33317</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>HAMILTON, DAVID</b>	
4.3 STREET ADDRESS	<b>334 NW 69TH AVE, #195</b>	
4.4 CITY-ST-ZIP	<b>PLANTATION, FL 33317</b>	
5.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VANNAIS, MARJORIE</b>	
5.3 STREET ADDRESS	<b>334 NW 69TH AVE, #196</b>	
5.4 CITY-ST-ZIP	<b>PLANTATION, FL, 33317</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William Coker, Bill Coker* **4-28-98** **(954) 791-1850**

CR2E037 (10/97)