

FILE NOW: FILING FEE IS \$61.25

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90164 020 \*\*\*\*61.25

0037954

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 726607

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

\*06295 / - 90164 - 20



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
06/05/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-1464055

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BILL COKER  
334 N.W. 69TH AVE.  
#296  
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 D  
NAME FERNANDES, RAYMOND  
STREET ADDRESS 332 NW 69TH AVE 294  
CITY-ST-ZIP PLANTATION FL 33317

☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

D  
JANICE STAMPER  
316 N.W. 69TH AVE, #287  
PLANTATION, FL 33317

☐ Change ☒ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

TITLE PD  
NAME COKER, WILLIAM  
STREET ADDRESS 334 N.W. 69TH AVE., #296  
CITY-ST-ZIP PLANTATION FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE TD  
NAME HAMILTON, DAVID  
STREET ADDRESS 334 NW 69TH AVE, 195  
CITY-ST-ZIP PLANTATION FL 33317

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME VANNAIS, MARJORIE  
STREET ADDRESS 334 NW 69TH AVE, 196  
CITY-ST-ZIP PLANTATION FL 33317

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Raymond Fernandes* 4/26/99 (954) 791-1850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)