## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 747861** 

FILED Apr 22, 2009 Secretary of State

Entity Name: FRENCH QUARTER NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
SUITE #26						
CLEARWA	ATER, FL 3376	2 US				
Current M	lailing Address	s:	N	New Mailin	g Address:	
SUITE #26	CUTIVE DRIVE 30 ATER, FL 3376		S	SUITE A	TH STREET I	
	: 59-1928593	FEI Number Applied For()		er Not Applic	,	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	N	Name and	Address of N	ew Registered Agent:
CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR, STE 260 CLEARWATER, FL 33762 US				LANG & BROWN, PA 5001 FOURTH STREET NORTH SUITE A ST. PETERSBURG, FL 33734 US		
	e named entity s e of Florida.	ubmits this statement for the pu	irpose of c	changing its	registered of	ffice or registered agent, or bot
SIGNATURE: SHAWN BROWN						04/22/2009
	Electroni	c Signature of Registered Ager	nt			Date
OFFICER	S AND DIRECT	ORS:	A	ADDITIONS	S/CHANGES	TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	BRICKWORTH, 201 78 AVENUE		N A	itle: lame: \ddress: City-St-Zip:	( )	Change ( ) Addition
Title: Name: Address: City-St-Zip:	ADAMS, DELOR 4050 4 ST N	Delete ES BURG, FL 33703	N A	itle: lame: ddress: city-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	SD () MUELLER, SUS, 10033 NINTH ST ST. PETERSBUR	REET NORTH	N A		MYERS, DALE	Change ( ) Addition EET NORTH, #223 RG, FL 33703
Title: Name:	SD () DOWNING, PAU 3631 PARK ST N		N A	itle: lame: \ddress: Dity-St-Zip:	DOWNING, PAU 3631 PARK ST	
Address: City-St-Zip:		BURG, FL 33710	·			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL BRINKWORTH P 04/22/2009