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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:00

DOCUMENT # **754930** **(6)**

1. Corporation Name

FRENCH QUARTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6266 1ST AVE SO 7217 GULF BLVD. ST. PETE FL 33707 US	7217 GULF BLVD 7217 GULF BLVD. SAINT PETE BEACH FL 33706-959 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2073642 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHNOOR, FRANK %QUALITY PROP MGMT, P O BOX 66245 7217 GULF BLVD. ST. PETE BEACH FL 33706	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 7217 Gulf Blvd 84 City St. Pete Beach FL 85 Zip Code 33706

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DARNALL, GLORIS	12 NAME	
STREET ADDRESS	5720 13TH AVENUE, NORTH, APT. 207-B	13 STREET ADDRESS	
CITY-ST-ZIP	ST PETE, FL 00000	14 CITY-ST-ZIP	
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	HOUGH, DORIS	22 NAME	
STREET ADDRESS	POST OFFICE BOX 500	23 STREET ADDRESS	301 87th Ave. Unit #101
CITY-ST-ZIP	NOBLETON FL	24 CITY-ST-ZIP	St. Pete Beach, Fl 33706
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BROWN, ROBERT	32 NAME	
STREET ADDRESS	6266 1ST AVE. S.	33 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	PROBECK, MARION	42 NAME	
STREET ADDRESS	275 6TH AVE. N.	43 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	LINK, GORDON	52 NAME	
STREET ADDRESS	461 PINELLAS WAY SO	53 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBUR FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Doris L. Schnoor 3-10-95 367-5270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #