

FILE NOW: FILING FEE IS \$61.25

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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 754930 (6) 1. Corporation Name FRENCH QUARTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6266 1ST AVE SO 7217 GULF BLVD. ST. PETE FL 33707 US		Mailing Address 7217 GULF BLVD 7217 GULF BLVD. SAINT PETE BEACH FL 33706-1964 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt #, etc. 22		Suite, Apt #, etc. 27	
City & State 23		City & State 28	
Zip 24		Country 25	
Country 25		Country 30	
9. Name and Address of Current Registered Agent SCHNOOR, FRANK 7217 GULF BLVD 7217 GULF BLVD. ST. PETE BEACH FL 33706		10. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY - ST - ZIP	D GUNNELS, ROBERTA 6266 1ST AVENUE SOUTH UNIT 18 ST. PETERSBURG FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HOUGH, DORIS P.O. BOX 500 NOBLETON FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WAGSTAFF, MICHAEL 6266 1ST AVENUE SOUTH UNIT 28 ST. PETERSBURG FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PROBECK, MARION 275 6TH AVE. N. TIERRA VERDE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP LINK, GORDON 481 PINELLAS WAY SO ST PETERSBURG FL	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 do 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. 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		4-11-97 813-362-527 Date Daytime Phone # 00502	



CR2E037 (9/96)