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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 754930

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/30/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2073642 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GUNNELS, ROBERTA		1.2 NAME		
STREET ADDRESS	6266 1ST AVENUE SOUTH UNIT 18		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOUGH, DORIS		2.2 NAME		
STREET ADDRESS	P.O. BOX 500		2.3 STREET ADDRESS		
CITY-ST-ZIP	NOBLETON FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	DARNALL, GLORIS		3.2 NAME	SCHELLENBERG, ANDREW	
STREET ADDRESS	5720 13TH AVE. NO., APT. 207-B		3.3 STREET ADDRESS	6266 1st Ave. So. Unit #12	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	ST. PETE, FL	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PROBECK, MARION		4.2 NAME		
STREET ADDRESS	275 6TH AVE. N.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LINK, GORDON		5.2 NAME		
STREET ADDRESS	461 PINELLAS WAY S		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED T. Schnoor 4/14/99 1-727-367-5770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRANK T. SCHNOOR