2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #754930

1. Entity Name

City & State

Zip

FRENCH QUARTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address 6266 1ST AVE SO 7217 GULF BLVD 7217 GULF BLVD. 7217 GULF BLVD. ST. PETE, FL 33707 SAINT PETE BEACH, FL 33706-959 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State

FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 90421 042 ****61.25

94063303

01232004 Ch	ng-NP	CR2E037 (10/03)				
4. FEI Number 59-207364	2		\rightarrow	Applie Not Ap	d For plicable			
5. Certificate of St.	atus Desired		. 75 /	Addition ired	al			
7. Name and Add	ress of New Re	gistered Age	nt					
O. Box Number is t	Not Acceptable)		-	•				
			7:- O	1 -				
	FL Zip Code							
d agent, or both, in	the State of Flori	da. I am fam	iliar wi	th, and	accept			
hen reinstating)	DATE							
55.00 May Be Added to Fees	Make check payable to Florida Department of State							
DDITIONS/CHANG	ES TO OFFICER	S AND DIREC	TORS	IN 10				
		х□	Chang	e [Addition			

o. Name and Address of Current Registered Agent				7. Name and Ad	idress of New Registere	u Agent					
SCHNOOR, FRANK 7217 GULF BLVD 7217 GULF BLVD.			Name								
			Street A	Street Address (P.O. Box Number is Not Acceptable)							
	F BEVD. BEACH, FL 33706			, .							
 -			City	City FL Zip Code							
ੇ. ੇ8. The above	named entity submits this statement for the num	ose of changing its rer	ristered office o	r registered agent, or both, i			and accept				
*8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
Y.											
SIGNATURE .											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Filing Fee is \$61.25 9. Election Campaign F			aign Financing								
	Due by May 1, 2004	Trust Fund Con	tribution.	Added to Fees	Florida Dep	artment of S	tate ,				
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHÂN	GES TO OFFICERS AND	DIRECTORS IN	I 10				
TITLE	DV	☐ Delete	TITLE	DP		x□ Change	Addition				
NAME	GUNNELS, ROBERTA		NAME	"							
STREET ADDRESS	6266 1ST AVENUE SOUTH UNIT 18		STREET ADDRESS								
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP								
TITLE	D	☐ Delete	TITLE	DVP		x ☐ Change	Addition				
NAME	HOUGH, DORIS		NAME								
STREET ADDRESS	P.O. BOX 500		STREET ADDRESS								
CITY-ST-ZIP	NOBLETON, FL		CITY-ST-ZIP		•						
≢ ITLE	DP	Delete ■ Delete	TITLE	D		☐ Change	Addition				
NAME	WAGSTAFF, MICHAEL		NAME	FRENCH, FRA	ANK						
TREET ADDRESS	6266 1ST AVE. S., UNIT #28		STREET ADDRESS	6266 !ST Av	7e. S. #17						
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	ST PETE, I	L 33707						
TITLE	DT	☐ Delete	TITLE	,		Change	☐ Addition				
NAME	PROBECK, MARION		NAME								
STREET ADDRESS	275 6TH AVE. N.		STREET ADDRESS								
CITY-ST-ZIP	TIERRA VERDE, FL		CITY-ST-ZIP								
TITLE	DS IEDDY A	☐ Delete	TITLE			☐ Change	Addition				
NAME empret apparen	EDLUND, JERRY A		NAME								
STREET ADDRESS CITY-ST-ZIP	6266 1ST AVE S UNIT 6 SAINT PETERSBURG, FL 33707		STREET ADDRESS CITY-ST-ZIP								
	CART I ETENOBONG, FE 33707										
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition				
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
	l .			l							

Country

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR REINTED NAME OF SIGNING