2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2006 8:00 am Secretary of State **DOCUMENT #754930** 04-28-2006 90204 001 ****61.25 1. Entity Name FRENCH QUARTER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 60030750 6266 1ST AVE SO 7217 GULF BLVD 7217 GULF BLVD. 7217 GULF BLVD. SAINT PETE BEACH, FL 33706-959 US ST. PETE, FL 33707 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01142006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-2073642 Applied For Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHNOOR, FRANK Street Address (P.O. Box Number is Not Acceptable) 7217 GULF BLVD 7217 GULF BLVD. ST. PETE BEACH, FL 33706 Zip Code FI 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee Is \$61.25 Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE D/T Addition CROLEY, CHISTOPHER NAME NAME KAY, CHERYL STREET ADDRESS 6266 1ST AVE SO. UNIT #4 STREET ADDRESS 62661st Ave. Unit #7 CITY-ST-ZIP SAINT PETERSBURG, FL 33707 CITY-ST-ZIP St. Pete, Fl 33707 OVP TITLE Delete TITLE ☐ Change ☐ Addition HOUGH, DORIS NAME NAME STREET ADDRESS P.O. BOX 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NOBLETON, FL DT ☐ Delete TITLE D/VP √ Change ■ Addition FENCH, FRANK NAME NAME 6266 1ST AVE. SOUTH #17 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG, FL 33707 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PROBECK, MARION NAME NAME STREET ADDRESS 275 6TH AVE. N. STREET ADDRESS CITY-ST-ZIP TIERRA VERDE, FL CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME EDLUND, JERRY A NAME STREET ADDRESS 6266 1ST AVE S UNIT 6 STREET ADDRESS City-ST-7IP CITY-ST-ZIF SAINT PETERSBURG, FL 33707 TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED