

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90012 031 \*\*\*\*61.25

<b>DOCUMENT # 754930</b> 1. Entity Name <b>FRENCH QUARTER CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>6266 1ST AVE SO 7217 GULF BLVD. ST. PETE, FL 33707 US</b>		Mailing Address <b>C/O CONDOMINIUM MANAGEMENT GROUP, INC. P.O. BOX 47068 ST. PETERSBURG, FL 33743-7068 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5444 Park Blvd</b>		3. Mailing Address Suite, Apt. #, etc. <b>#101</b>	
City & State <b>Pinellas Park, FL</b>		City & State <b>Pinellas Park, FL</b>	
Zip <b>33781</b>		Zip <b>33781</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-2073642</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SCHNOOR, FRANK 7217 GULF BLVD 7217 GULF BLVD. ST. PETE BEACH, FL 33706</b>		7. Name and Address of New Registered Agent  <b>Ronald D. Walton 5444 Park Blvd #101 Pinellas Park, FL 33781</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROLEY, CHISTOPHER 6266 1ST AVE SO, UNIT #4 SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOUGH, DORIS P.O. BOX 500 NOBLETON, FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FENCH, FRANK 6266 1ST AVE. SOUTH #17 SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PROBECK, MARION 275 6TH AVE. N. TIERRA VERDE, FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EDLUND, JERRY A 6266 1ST AVE S UNIT 6 SAINT PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KAY, CHERYL 62661ST AVE UNIT 7 SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> <u>Cheryl Kay</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/31/07</u> Daytime Phone <u>(727) 345-0413</u>	