

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90254 046 ****61.25

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01072006 Chg-NP CR2E037 (11/05)

DOCUMENT # N05000000123 1. Entity Name THE FRENCH QUARTERS CONDOMINIUM OWNER'S ASSOCIATION, INC.					
Principal Place of Business 159 BROOKS STREET FORT WALTON BEACH, FL 32548			Mailing Address 159 BROOKS STREET FORT WALTON BEACH, FL 32548		
2. Principal Place of Business 159 Brooks ST. SE		3. Mailing Address 159 Brooks ST. S. E.		4. FEI Number 20-2671997 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. #107		Suite, Apt. #, etc. #107			
City & State Fort Walton Beach FL		City & State FT. WALTON BEACH FL			
Zip 32548	Country USA	Zip 32548	Country USA		
6. Name and Address of Current Registered Agent FLEET, H. BART 1104 EGLIN PARKWAY SHALIMAR, FL 32579				7. Name and Address of New Registered Agent Name JANET WESTGARD Street Address (P.O. Box Number is Not Acceptable) 159 Brooks ST. SE #301 City FT. WALTON BEACH FL Zip Code 32548	
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 JANET WESTGARD, SEC-TRES. 1/11/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituting) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MYERS, SUSAN S. 31 BAY DRIVE, S.E. FT. WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHIRLEY PARKER 159 BROOKS ST. S.E. #207 FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MITCHELL, EARL S. 229-B ALCONSE AVE., S.E. FT. WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LISA COMPTON 159 BROOKS ST. SE #305 FT. WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FLEET, H. BART 1075 TREE POINT DRIVE FT. WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JANET WESTGARD 159 BROOKS ST. S.E. #301 FT. WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.					
SIGNATURE:			1/11/06 850-598-4797 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		