

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90036 026 ****61.25

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1. Entity Name
FRENCH QUARTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
5444 PARK BLVD
#101
PINELLAS PARK, FL 33781 US

Mailing Address
4C/O CONDOMINIUM MANAGEMENT GROUP, INC.
P.O. BOX 47068
SAINT PETERSBURG, FL 33743-7068 US

40013951



2. Principal Place of Business - No P.O. Box #
159 Brooks St SE
Suite, Apt. #, etc.

3. Mailing Address
c/o RDF Associates Inc
Suite, Apt. #, etc.

City & State
Fort Walton Bch FL

City & State
Fort Walton Bch

Zip
FL 32548

Zip
32548

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2671997

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTON, RONALD D
5444 PARK BLVD #101
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

Name RDF Associates, Inc
Street Address (P.O. Box Number is Not Acceptable)
29-C Miracle Strip Pkwy
City Fort Walton Bch 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 DEBBIE FOWLER

Debbie Fowler

1-16-08

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
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME CROLEY, CHISTOPHER
STREET ADDRESS 6266 1ST AVE SO, UNIT #4
CITY-ST-ZIP SAINT PETERSBURG, FL 33707 ☒ Delete

TITLE DVP
NAME FENCH, FRANK
STREET ADDRESS 6266 1ST AVE. SOUTH #17
CITY-ST-ZIP SAINT PETERSBURG, FL 33707 ☒ Delete

TITLE DT
NAME KAY, CHERYL
STREET ADDRESS 6266 1ST AVE UNIT 7
CITY-ST-ZIP SAINT PETERSBURG, FL 33707 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRES
NAME CRAIG THOMPSON
STREET ADDRESS 159 BROOKS ST SE #108
CITY-ST-ZIP FORT WALTON BCH FL 32548 ☐ Change ☒ Addition

TITLE VP
NAME DOUG EVERSON
STREET ADDRESS 159 BROOKS ST SE #205
CITY-ST-ZIP FORT WALTON BCH, FL 32548 ☐ Change ☒ Addition

TITLE 3PT
NAME LEOKADIA GALKA
STREET ADDRESS 159 BROOKS ST # 303
CITY-ST-ZIP FORT WALTON BCH FL 32548 ☐ Change ☒ Addition

TITLE D
NAME TOM RICE
STREET ADDRESS 159 BROOKS ST #208
CITY-ST-ZIP FT WALTON BCH FL 32548 ☐ Change ☒ Addition

TITLE D
NAME NANCY McCullen
STREET ADDRESS PO Box 4732
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE: CRAIG THOMPSON *Craig A Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REPORT SUBMITTED USING THE AR FOR A CORPORATION