

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 05, 2008
Secretary of State

DOCUMENT# N05000000123

Entity Name: THE FRENCH QUARTERS CONDOMINIUM OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**159 BROOKS STREET SE
FORT WALTON BEACH, FL 32548**New Principal Place of Business:****Current Mailing Address:**C/O RDF ASSOCIATES INC.
P.O. BOX 2613
FORT WALTON BCH, FL 32548**New Mailing Address:****FEI Number:** 20-2671997**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RDF ASSOCIATES, INC.
29-C MIRACLE STRIP PKWY
FORT WALTON BEACH, FL 32548 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: PARKER, CRAIG
Address: 159 BROOKS ST SE #103
City-St-Zip: FORT WALTON BEACH, FL 32548**Title:** V () Delete
Name: EVERSON, DOUG
Address: 159 BROOKS ST. SE. #205
City-St-Zip: FORT WALTON BEACH, FL 32548**Title:** ST () Delete
Name: GALKA, LEOKADIA
Address: 159 BROOKS ST SE # 303
City-St-Zip: FORT WALTON BEACH, FL 32548**Title:** D () Delete
Name: RICE, TOM
Address: 159 BROOKS ST #208
City-St-Zip: FT WALTON BCH, FL 32548**Title:** D () Delete
Name: MCCULLEN, NANCY
Address: P.O. BOX 4732
City-St-Zip: SANTA ROSA BEACH, FL 32459**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: RICE, PEGGY
Address: 159 BROOKS ST #208
City-St-Zip: FT WALTON BCH, FL 32548**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE FOWNER

MGR

05/05/2008

Electronic Signature of Signing Officer or Director

Date