2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N06000003601

Entity Name: FRENCH QUARTER NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O 5955 T.G. LEE BLVD., STE. 300
ORLANDO, FL 32822

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

Current Mailing Address:

C/O 5955 T.G. LEE BLVD., STE. 300
ORLANDO, FL 32822

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

FEI Number: 20-4622183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.
5955 T.G. LEE BLVD., STE. 300
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT, INC.
LAKE GLORIA BLVD
ORLANDO, FL 32809 US

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: _____ 04/21/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHOEMAKER, JOHN B
Address: 61 WEST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32801

Title: VPTD ( ) Delete
Name: COHEN, ODED
Address: 61 WEST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32801

Title: SD ( ) Delete
Name: OLSEN, JUSTIN
Address: 1607 WILSON AVE.
City-St-Zip: ORLANDO, FL 32804

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:

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: JOHN SHOEMAKER PD 04/21/2009
Electronic Signature of Signing Officer or Director — Date