

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13554

FILED  
Mar 23, 2010  
Secretary of State

**Entity Name:** THE FRENCH QUARTER OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ENCLAVE EXECUTIVE INC  
501 GOODLETTE RD D-100  
NAPLES, FL 33940

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ENCLAVE EXECUTIVE INC  
501 GOODLETTE RD D-100  
NAPLES, FL 33940

**New Mailing Address:**

**FEI Number:** 59-2808688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SNOKE, BETH R  
501 GOODLETTE ROAD, NORTH  
SUITE D-100  
NAPLES, FL 34102 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: VD  
Name: SNOKE, BETH R  
Address: 501 GOODLETTE ROAD N, SUITE D-100  
City-St-Zip: NAPLES, FL 34102

Title: PST  
Name: POHLMANN, HERBERT C  
Address: 501 GOODLETTE ROAD N., SUITE D-100  
City-St-Zip: NAPLES, FL 34102

Title: D  
Name: JOHN, CALLIS  
Address: 501 GOODLETTE ROAD N., D-100  
City-St-Zip: NAPLES, FL 34102

I hereby 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 all other like empowered.

SIGNATURE: BETH ELLEN SNOKE

VP

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date