

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 743695

FILED
Nov 10, 2005
Secretary of State

Entity Name: FRENCH NORMANDY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2994 JOG RD.
STE. B
LAKE WORTH, FL 33467

New Principal Place of Business:

200 EVERGLADES AVE
A-3
PALM BEACH, FL 33480

Current Mailing Address:

2994 JOG RD.
STE. B
LAKE WORTH, FL 33467

New Mailing Address:

200 EVERGLADES AVE
A-3
PALM BEACH, FL 33480

FEI Number: 59-1895193 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GERRISH, SCOT
C/O CMC MANAGEMENT, INC.
2994 JOG ROAD, SUITE B
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

CHRISTLIEB, EJOLA ESQUIRE
C/O TICKTIN & RODRIGUEZ
P.O. BOX 811554
PALM BEACH, FL 33481 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: EJOLA CHRISTLIEB

11/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GOLLEHER, SANDRA
Address: 200 EVERGLADES AVE., #2-A
City-St-Zip: PALM BEACH, FL 33480

Title: PD () Delete
Name: CHRISTLIEB, JOHN
Address: 200 EVERGLADES AVE. #3-A
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: HEARON, DONNA
Address: 200 EVERGLADES AVE., #1-A
City-St-Zip: PALM BEACH, FL 33480

Title: SD () Delete
Name: MINSKY, LYNN
Address: 222 N. COUNTY RD. #C
City-St-Zip: PALM BEACH, FL 33480

Title: TD () Delete
Name: DONAGHUE, LOUIS
Address: 200 EVERGLADES AVE. #B
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: WILESMITH, MARGARET
Address: 222 N. COUNTY RD. #D
City-St-Zip: PALM BEACH, FL 33480

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: () 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 for the exemption stated in Section 119.07(3)(i), 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 CHRISTLIEB

PD

11/10/2005

Electronic Signature of Signing Officer or Director

Date