


FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90016 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N38424					
1. Corporation Name THE NEW FRENCH VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % TRIZEL COMMERCIAL REAL ESTATE 250 CATALONIA AVE., SUITE 305 CORAL GABLES FL 33134			Mailing Address % TRIZEL COMMERCIAL REAL ESTATE 250 CATALONIA AVE., SUITE 305 CORAL GABLES FL 33134		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country		3. Date Incorporated or Qualified 05/31/1990	
4. FEI Number 65-0305243		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75. Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00. May Be Added to Fees		Trust Fund Contribution			

9. Name and Address of Current Registered Agent GONZALES, MARITZA 2333 PONCE DE LEON BLVD. THE COLONNADE, SUITE 650 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE D <input checked="" type="checkbox"/> DELETE NAME YAWN, JAMES STREET ADDRESS 602 VALENCIA AVENUE CITY-ST-ZIP CORAL GABLES FL				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE D <input type="checkbox"/> DELETE NAME CROW, PAT MRS. STREET ADDRESS 2600 SEGOVIA STREET CITY-ST-ZIP CORAL GABLES FL				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE PD <input type="checkbox"/> DELETE NAME LANDY, ELEANOR STREET ADDRESS 601 ALMERIA AVENUE CITY-ST-ZIP CORAL GABLES FL				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME GARVETT, PETER STREET ADDRESS 606 VALENCIA AVENUE CITY-ST-ZIP CORAL GABLES, FL 33134				4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)