


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N38424
 1. Entity 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
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07202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0305243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GONZALES, MARITZA
 2333 PONCE DE LEON BLVD.
 THE COLONNADE, SUITE 650
 CORAL GABLES, FL 33134

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8. 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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CROW, PAT MRS. 2600 SEGOVIA STREET CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANDY, ELEONOR 601 ALMERIA AVENUE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARVETT, PETER 606 VALENCIA AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CASTRO, AMADEO L. 608 VALENCIA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000168120
 07/26/04-80001-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eleonora M. Landy* 21 July, 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #