

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90052 014 \*\*\*\*61.25

**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**

00000001



01042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0305243**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARLOS CHIALASTRI**

**01/17/06**

**(305) 441-0040**

Date

Daytime Phone #