


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 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 |
|---|---|



01032007 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 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 May 1, 2007

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 | |

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 01/22/07-80021-010 61.25

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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: Carlos Chialastri 01/16/07 (305)441-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #