

**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)

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

U00000593175  
01/22/07-80021-010 61.25

**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**

**01/16/07**

**(305) 441-0040**

Date

Daytime Phone #