

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38424

FILED  
Apr 15, 2008  
Secretary of State

**Entity Name:** THE NEW FRENCH VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

% TRIZEL COMMERCIAL REAL ESTATE  
250 CATALONIA AVE., SUITE 305  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

% TRIZEL COMMERCIAL REAL ESTATE  
250 CATALONIA AVE., SUITE 305  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0305243

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CROW, PAT MRS.  
Address: 2600 SEGOVIA STREET  
City-St-Zip: CORAL GABLES, FL

Title: D ( ) Delete  
Name: LANDY, ELEONOR  
Address: 601 ALMERIA AVENUE  
City-St-Zip: CORAL GABLES, FL

Title: D ( ) Delete  
Name: GARVETT, PETER  
Address: 606 VALENCIA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: PD ( ) Delete  
Name: CASTRO, AMADEO L  
Address: 608 VALENCIA AVE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS CHIALASTRI

MGR

04/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date