

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712631

FILED  
Mar 01, 2011  
Secretary of State

**Entity Name:** FRENCH VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

240 NORTH COUNTY ROAD  
PALM BEACH, FL 33480 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 540340  
LAKE WORTH, FL 334540304 US

**New Mailing Address:**

FEI Number: 59-1299131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, LEIANN S  
4010 S 57TH AVE SUITE 104A  
LAKE WORTH, FL 33463 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  
Name: BIEL, HOWARD  
Address: 240 N COUNTY RD #205  
City-St-Zip: PALM BEACH, FL 33840

Title: VD  
Name: MASON, MARK  
Address: 201 EVERGLADES AVE #104  
City-St-Zip: PALM BEACH, FL 33480

Title: PS  
Name: MCINERNEY, PATRICE S  
Address: 251 ORANGE GROVE RD.  
City-St-Zip: PALM BEACH, FL 33480

Title: TD  
Name: LASMEZAS, CORINNE  
Address: 1828 FLOWER DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D  
Name: VIATOR, DARIA  
Address: 240 N COUNTY ROAD #202  
City-St-Zip: PALM BEACH, FL 33480

Title: D  
Name: DAVIS, LEIANN S  
Address: 4010 S 57TH AVE SUITE 104A  
City-St-Zip: LAKE WORTH, FL 33463

I hereby 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 all other like empowered.

SIGNATURE: LEIANN S DAVIS

D

03/01/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date