

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90252 017 ****61.25

DOCUMENT # 720936

1. Entity Name

FRENCH ROYALE VILLAS ASSOCIATION, INC.



Principal Place of Business

391 VILLA DRIVE SOUTH
ATLANTIS FL 33462
US

Mailing Address

391 VILLA DRIVE SOUTH
ATLANTIS FL 33462
US

54035784

2. Principal Place of Business

410 FRENCH ROYALE CIR
Suite, Apt. #, etc.

3. Mailing Address

410 FRENCH ROYALE CIR
Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

ATLANTIS FL

City & State

ATLANTIS FL

4. FEI Number

59-2351414

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

33462

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSES, CHARLES
391 VILLA DR S.
ATLANTIS FL 33462

7. Name and Address of New Registered Agent

Name: TRISH CALLOW
Street Address (P.O. Box Number is Not Acceptable):
410 FRENCH ROYALE CIRCLE
City: ATLANTIS FL Zip Code: 33462

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

Trish Callow (TRISH CALLOW) TREASURER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	ST GEORGE, CATHERINE	<input type="checkbox"/> Delete
NAME		449 FRENCH ROYALE CIRCLE	
STREET ADDRESS		ATLANTIS FL	
CITY-ST-ZIP			
TITLE	D	SIEGEL, RICHARD	<input checked="" type="checkbox"/> Delete
NAME		388 VILLA DR S	
STREET ADDRESS		ATLANTIS FL	
CITY-ST-ZIP			
TITLE	P	SEAQUIST, KEN	<input checked="" type="checkbox"/> Delete
NAME		441 FRENCH ROYALE CIRCLE	
STREET ADDRESS		ATLANTIS FL	
CITY-ST-ZIP			
TITLE	S	VAN HOEVEN, NANCY	<input checked="" type="checkbox"/> Delete
NAME		434 FRENCH ROYALE CIRCLE	
STREET ADDRESS		ATLANTIS FL	
CITY-ST-ZIP			
TITLE	T	MOSES, CHARLES	<input checked="" type="checkbox"/> Delete
NAME		391 VILLA DRIVE SOUTH	
STREET ADDRESS		ATLANTIS FL	
CITY-ST-ZIP			
TITLE	V.P.	SCHLEUTER, HAROLD	<input type="checkbox"/> Delete
NAME		395 VILLA DR. 5	
STREET ADDRESS		LAKE WORTH FL 33462	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	TRISH CALLOW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		410 FRENCH ROYALE CIR	
STREET ADDRESS		ATLANTIS FL	
CITY-ST-ZIP			
TITLE	D	FRANK AUSTINO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		438 FRENCH ROYALE CIR	
STREET ADDRESS		ATLANTIS, FL	
CITY-ST-ZIP			
TITLE	D	GLENN WEAVER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		399 VILLA DRIVE SOUTH	
STREET ADDRESS		ATLANTIS, FL	
CITY-ST-ZIP			
TITLE	S	JOAN FELLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		437 FRENCH ROYALE CIR	
STREET ADDRESS		ATLANTIS, FL	
CITY-ST-ZIP			
TITLE	P	HAROLD SCHLEUTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		395 VILLA DR S.	
STREET ADDRESS		ATLANTIS, FL	
CITY-ST-ZIP			
TITLE	V.P.	CATHERINE ST. GEORGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		449 FRENCH ROYALE CIRCLE	
STREET ADDRESS		ATLANTIS, FL	
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Trish Callow (TRISH CALLOW)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 966-4122

Daytime Phone #