


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90068 031 \*\*\*\*61.25

**DOCUMENT # 720936**  
 1. Entity Name  
**FRENCH ROYALE VILLAS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**410 FRENCH ROYALE CIR**      **410 FRENCH ROYALE CIR**  
**LAKE WORTH FL 33462**      **LAKE WORTH FL 33462**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
**410 FRENCH ROYALE CIR**      **410 FRENCH ROYALE CIRCLE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**ATLANTIS FL**      **ATLANTIS FL**  
 Zip      Zip      Country      Country  
**33462**      **33462**      **US**      **US**

4. FEI Number      Applied For  
**59-2351414**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



1st MOORE      CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**CALLOW, TRISH**  
**410 FRENCH ROYALE CIR**  
**ATLANTIS FL 33462**

7. Name and Address of New Registered Agent  
 Name      **SAME**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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*      **02/13/2005**  
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, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP ST GEORGE, CATHERINE 449 FRENCH ROYALE CIRCLE ATLANTIS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALLOW, TRISH 410 FRENCH ROYALE CIR ATLANTIS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTINO, FRANK 438 FRENCH ROYALE CIR ATLANTIS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, GLENN <del>434 FRENCH ROYALE CIRCLE</del> ATLANTIS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELLA, JOAN 437 FRENCH ROYALE CIR ATLANTIS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLEUTER, HAROLD 395 VILLA DR. 5 LAKE WORTH FL 33462 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHLEUTER, HAROLD 395 VILLA DR SOUTH ATLANTIS, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AUSTINO, FRANK FRANK AUSTINO 438 FRENCH ROYALE CIR ATLANTIS, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, GLENN GLENN WEAVER 395 VILLA DRIVE SOUTH ATLANTIS, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR O'GRADY, BOB 458 FRENCH ROYALE CIR ATLANTIS, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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**      **(561) 966-1122**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Signature Phone #