


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90084 039 ****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 CIR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
ATLANTIS, FL **ATLANTIS, FL**
 Zip Country Zip Country
33462 **U.S.A** **33462** **U.S.A**

4. FEI Number Applied For
59-2351414 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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
 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 2/15/2006
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, 2006

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 SCHLEUTER, HAROLD 395 VILLA DR SOUTH ATLANTIS FL <input 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	P AUSTINO, FRANK 438 FRENCH ROYALE CIR ATLANTIS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, GLENN 399 VILLA DRIVE SOUTH ATLANTIS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELLA, JOAN 437 FRENCH ROYALE CIR ATLANTIS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'GRADY, BOB 458 FRENCH ROYALE CIR ATLANTIS FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAROLD SCHLEUTER, HAROLD 395 VILLA DR SOUTH ATLANTIS, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HESS, PEGGY 411 FRENCH ROYALE CIR ATLANTIS, FL 33462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELLA, BOB 437 FRENCH ROYALE CIR ATLANTIS, FL 33462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'GRADY, BOB 458 FRENCH ROYALE CIR ATLANTIS, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Trish Callow TRISH CALLOW 2/15/2006 561)966-4122