


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90021 049 ****61.25

DOCUMENT # 720936			
1. Entity Name FRENCH ROYALE VILLAS ASSOCIATION, INC.			
Principal Place of Business 410 FRENCH ROYALE CIR LAKE WORTH FL 33462 US		Mailing Address 410 FRENCH ROYALE CIR LAKE WORTH FL 33462 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2351414	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: SCHLEUTER, HAROLD STREET ADDRESS: 395 VILLA DR SOUTH CITY-ST-ZIP: ATLANTIS FL	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: CALLOW, TRISH STREET ADDRESS: 410 FRENCH ROYALE CIR CITY-ST-ZIP: ATLANTIS FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: AUSTINO, FRANK STREET ADDRESS: 438 FRENCH ROYALE CIR CITY-ST-ZIP: ATLANTIS FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: HESS, PEGGY STREET ADDRESS: 411 FRENCH ROYOLE CIR CITY-ST-ZIP: ATLANTIS FL 33462	<input checked="" type="checkbox"/> Delete	TITLE: <i>D</i> NAME: <i>DRAY HESS, RAY</i> STREET ADDRESS: <i>411 FRENCH ROYALE CIR</i> CITY-ST-ZIP: <i>ATLANTIS, FL 33462</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FELLA, BOB STREET ADDRESS: 437 FRENCH ROYALE CIR CITY-ST-ZIP: ATLANTIS FL 33462	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: O'GRADY, BOB STREET ADDRESS: 458 FRENCH ROYALE CIR CITY-ST-ZIP: ATLANTIS FL 33462	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input 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* **2/23/2007** **(661) 966-7122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #