2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

DOOLIN IENT WEDERAT				Secretary of State			
DOCUMENT #725897 1. Entity Name FRENCH VILLAS OF LIGHTHOUSE POINT CONDOMINIUM ASSOCIATION, INC.					-20-2006 90011		
Principal Plac 1978 NE 321 LIGHTHOUSE		Mailing Address 1978 NE 32ND COURT LIGHTHOUSE POINT, FL	33064 -			Sti Brøtt Brøtt manne	71 24 S D 1 5 21
2. Principal Place of Business CloBenchmark Property Ment CloBenchmark Property Me							
1932 Wiles Road 7932 Wiles Road			load	03152006 Chg-l	NP CR2E0	37 (11/05)	
City & State	Springs, FL	CORAL SOM	ingo FL	4. FEI Number 59-1511449			plied For t Applicable
^{zp} 33		^{zip} 33007	Country USA	5. Certificate of Status		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address	s of New Registered	Agent	
SCHMITT, CHERYL 1986 NE 33RD ST			<u> </u>	Name ROBERT E. WITTERS Street Address (P.O. Box Number is Not Acceptable) #30			
LIGHTHOUSE POINT, FL 33064			2010	NE 32ND	C7 # 6	<u>30</u>	
			City LIGH	City LIGHTHOUSE POINT 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE							
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R	Registered Agent signature requi	red when reinstating)			
SIGNATURE .	Signature, typed or printed name of registered agent ar Filling Fee is \$61.25	d title if explicable. (NOTE: A			DATE	k payable to	<u> </u>
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Col	naign Financing	\$5.00 May Be Added to Fees	Make chec Florida Depa	k payable to	ate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Solicist & Matters

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 15 00

Daytime Phone #