2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #725897

1. Entity Name FRENCH VILLAS OF LIGHTHOUSE POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O RENCHMARK PROPERTY MGMT

Mailing Address

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90040 022 ****61.25

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7932 WILES ROAD CORAL SPRINGS, FL 33067			793	7932 WILES ROAD CORAL SPRINGS, FL 33067						FIII (1 0 0 0 0 10 0 1	[#	
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mai	3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				03282007	Chg-NP	CR	2E037 (12/06)	
City & State			Cit	City & State				4. FEI Numbe 59-151			 	oplied For
Zip Country			Zip	Zip				5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Curre	nt Registere	ed Agent				7. Name and	Address of N	lew Registe		
WITTERS, ROBERT 2010 NE 32ND CT #30 LIGHTHOUSE POINT, FL 33064						Name Street A	Address (P.O. Box Numbe				
						City					FL Zip Cod	le
8. The above the obligat	lions of regis								n, in the State	of Florida. I	am familiar with,	and accept
		or printed name of registered ag	ent and title it app				ture required	(when reinstating)			ATE	
		e is \$61.25 Nay 1, 2007		9. Election Campaign F Trust Fund Contribut				\$5.00 May Be Added to Fees Florida Department of Sta				
10.	<u> </u>	OFFICERS AND	DIRECTORS		11.			ADDITIONS/CHA	NGES TO OF	FICERS ANI	D DIRECTORS IN	1 10
TITLE NAME	I	, ROBERT	DIRECTORS	☐ Delete	TITLE	E	ian	ADDITIONS/CHA	- bbie		D DIRECTORS IN	10 Addition
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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: _

Bollest E. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-366-3461