


**2005 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

05 NOV 29 PM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 734918			
1. Entity Name FRENCH VILLAGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business AKAM S. INC 6421 CONGRESS AVE STE 110 BOCA RATON, FL 33487		Mailing Address AKAM S. INC 6421 CONGRESS AVE STE 110 BOCA RATON, FL 33487	
2. Principal Place of Business Glen Management Services		3. Mailing Address Glen Management Services	
Suite, Apt. #, etc. 301 Camino Gardens Blv		Suite, Apt. #, etc. 301 Camino Gardens Blvd	
City & State #200 Boca Raton, FL		City & State #200 Boca Raton, FL	
Zip 33432		Country USA	
4. FEI Number 59-1653905		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AKAM SOUTH INC 6421 CONGRESS AVE BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Andrew Glen Street Address (P.O. Box Number is Not Acceptable) Glen Management Services 301 Camino Gardens Blvd #200 City Boca Raton FL Zip Code 33432	
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 11/8/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOSS, WRIGHT 773 E. JEFFREY ST BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000061758140 11/29/05--01060--003 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPANGENBERGER, JOE 773 JEFFREY BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE, LANT 775 E. JEFFREY ST BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROADMAN, PAUL 775 E. JEFFERY ST BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLUM, ROYAL 769 E JEFFREY ST BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSDELL, RED 771 JEFFREY ST BOCA RATON, FL 33487 <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 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: _____		DATE 11/8/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 561/392-0977	

W. Williams NOV 29 2005