


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90027 009 ****61.25

DOCUMENT # 734918

1. Entity Name
FRENCH VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**GLEN MANAGEMENT SERVICES
 301 CAMINO GARDENS BLVD#200
 BOCA RATON, FL 33432**

Mailing Address
**GLEN MANAGEMENT SERVICES
 301 CAMINO GARDENS BLVD#200
 BOCA RATON, FL 33432**

40030000



2. Principal Place of Business - No P.O. Box #
PRIME MANAGEMENT GROUP

Mailing Address
PRIME MANAGEMENT GROUP

Suite, Apt. #, etc.
6300 PARK OF COMMERCE BLVD

City & State
BOCA RATON, FL

03282007 Chg-NP CR2E037 (12/06)

3. Principal Place of Business - No P.O. Box #
PRIME MANAGEMENT GROUP

Mailing Address
PRIME MANAGEMENT GROUP

Suite, Apt. #, etc.
6300 PARK OF COMMERCE BLVD

City & State
BOCA RATON, FL

Zip
33487

Country
PBC

4. FEI Number
59-1653905

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GLEN, ANDREW
 GLEN MANAGEMENT SERVICES
 SUITE #200
 BOCA RATON, FL 33432**

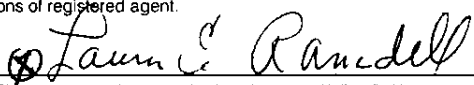
7. Name and Address of New Registered Agent

Name **ANDY GLEN, PRIME MANAGEMENT GRP**

Street Address (P.O. Box Number is Not Acceptable)
6300 PARK OF COMMERCE BLVD

City **BOCA RATON** FL Zip Code **33487**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

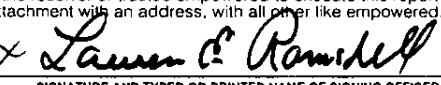
10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	GOSS, WRIGHT	
STREET ADDRESS	773 E. JEFFREY ST	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPANGENBERGER, JOE	
STREET ADDRESS	773 JEFFREY	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRUCE, LANT	
STREET ADDRESS	775 E. JEFFREY ST	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROADMAN, PAUL	
STREET ADDRESS	775 E. JEFFERY ST	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SALEM, PHILLIP	
STREET ADDRESS	775 EAST JEFFREY ST #206	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMSDELL, RED	
STREET ADDRESS	771 JEFFREY ST	
CITY-ST-ZIP	BOCA RATON, FL 33487	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **Dir.** Date **4-5-07** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR