2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

DOCUMENT #734918 1. Entity Name FRENCH VILLAGE CONDOMINIUM ASSOCIATION, INC.									0	2-25-2	008 90	0070 01	7 ****61.	.25
Principal Place of Business PRIME MANAGEMENT GROUND 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			Mailing Address PRIME MANAGEMENT GROUND 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487							Z314				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address											
Suite, Apt. #, etc.			Sui			0130200	08	Chg-NP		CR2E0	37 (12/06)			
City & State			City & State				4. FEI Number 59-1653905						pplied For lot Applicable	
Zip	Country		Zip		Col	ıntry	5. Certific	cate of	Status D	esired		\$8.75 Ad Fee Require		
	6. Name an	d Address of Current	Registere	d Agent				7 Name	and A	ddress o	f New R	egistered	Agent	
CLEN AND	DDEW.					Name .	4OF	40B 1	1767	ngus				
GLEN, AN	NAGEMEN	T CORP				Street A						1		
		IERCE BLVD			13	Address (F.O. Box Number is Not Acceptable)								
	TON, FL 334					2	~~~	CIOTA	\mathcal{L}^{J}		242	7_		
						City	CCP+ Y	1012	90	<u> </u>	<u> </u>	FI	Zip Co	de
						L.,								
	tions of registere	776			registeri	ed office of	register	ed agent, or		11 11 10 512		<u>4.0</u>	_	., ана ассерг
	Signature, typed out	printed hame of registered agent	t and title il appl	icable. (NOT	E: Registere	d Agent signat	ure required	when reinstating	g)			DATE		
	Filing Fee Due by Ma	is \$61.25	t and title if appl	9. Election Car Trust Fund (mpaign F	inancing	ure required	\$5.00 Ma	ay Be			ake chec	k payable street of S	
10.	Filing Fee	is \$61.25		9. Election Car	mpaign F	inancing		\$5.00 Ma Added to Fe	ay Be ees	IGES TO	Flori	ake chec		State
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Indicated on this report or supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. Florther certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER