


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-25-2008 90070 017 ****61.25

DOCUMENT # 734918
 1. Entity Name
FRENCH VILLAGE CONDOMINIUM ASSOCIATION, INC.



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**

40032310



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01302008 Chg-NP CR2E037 (12/06)

City & State
 City & State

4. FEI Number
59-1653905

Applied For
 Not Applicable

Zip
 Country

Zip
 Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLEN, ANDREW
 PRIME MANAGEMENT CORP
 6300 PARK OF COMMERCE BLVD
 BOCA RATON, FL 33487**

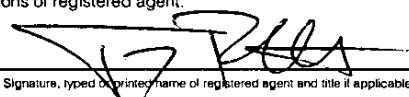
Name
TONY BODITATUS

Street Address (P.O. Box Number is Not Acceptable)
1300 N Fed Hwy # 202

Boca Raton, FL 33432

City
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  DATE **2.4.08**

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICHAEL KENNEY 765 E. JEFFREY ST, #301 BOCA RATON, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANITA SCOTT 769 E. JEFFREY ST, # 201 BOCA RATON, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUCE LANT 771 E. JEFFREY ST, #102 BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **PHILIP SALEM**  DATE **2/4/08** DAYTIME PHONE # **561-241-7538**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR