

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743695

FILED  
Feb 09, 2007  
Secretary of State

**Entity Name:** FRENCH NORMANDY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

200 EVERGLADES AVE  
A-3  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

200 EVERGLADES AVE  
A-3  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 59-1895193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHRISTLIEB, EJOLA ESQUIRE  
C/O TICKTIN & RODRIGUEZ  
P.O. BOX 811554  
PALM BEACH, FL 33481 US

**Name and Address of New Registered Agent:**

CHRISTLIEB, EJOLA ESQUIRE  
C/O TICKTIN & RODRIGUEZ  
3700 COCOANUT CREEK PARKWAY, NO.160  
COCOANUT CREEK, FL 33066 US

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.

SIGNATURE: EJOLA CHRISTLIEB COOK ESQUIRE

02/09/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: GOLLEHER, SANDRA  
Address: 200 EVERGLADES AVE., #2-A  
City-St-Zip: PALM BEACH, FL 33480

Title: PD ( ) Delete  
Name: CHRISTLIEB, JOHN  
Address: 200 EVERGLADES AVE. #3-A  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: HEARON, DONNA  
Address: 200 EVERGLADES AVE., #1-A  
City-St-Zip: PALM BEACH, FL 33480

Title: SD ( ) Delete  
Name: MINSKY, LYNN  
Address: 222 N. COUNTY RD. #C  
City-St-Zip: PALM BEACH, FL 33480

Title: TD ( ) Delete  
Name: DONAGHUE, LOUIS  
Address: 200 EVERGLADES AVE. #B  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: WILESMITH, MARGARET  
Address: 222 N. COUNTY RD. #D  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: GOLLEHER, SANDRA  
Address: 200 EVERGLADES AVE., #2-A  
City-St-Zip: PALM BEACH, FL 33480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: DONAGHUE, LOUIS  
Address: 200 EVERGLADES AVE. #B  
City-St-Zip: PALM BEACH, FL 33480

Title: TD (X) Change ( ) Addition  
Name: WILESMITH, MARGARET  
Address: 222 N. COUNTY RD. #D  
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CHRISTLIEB

PD

02/09/2007

Electronic Signature of Signing Officer or Director

Date