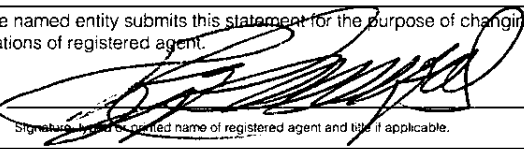


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90049 024 ****61.25

DOCUMENT # N00000006776 1. Entity Name THE COVE AT FRENCH VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 300 ARAGON AVE., SUITE 210 CORAL GABLES FL 33134			Mailing Address 300 ARAGON AVE., SUITE 210 CORAL GABLES FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0729654	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RODRIGUEZ, JOHN 300 ARAGON AVE., SUITE 210 CORAL GABLES FL 33134					
7. Name and Address of New Registered Agent Name: Rogelio Cainzor c/o Gables Professional Management Co. Street Address (P.O. Box Number is Not Acceptable): 300 Aragon Ave Suite 210 City: Coral Gables FL Zip Code: 33134					
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: 1/28/04 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	PD GERYAN, DEBBIE 7921 NW 6TH ST. #204 PEMBROKE PINES FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Debbie German ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOSEPH, LLEWELLYN 650 NW 78TH TERR. #104 PEMBROKE PINES FL 33024 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADRIANA SANCHEZ GOMEZ ☐ Change ☒ Addition 680 NW 79 Terrace #104 PEMBROKE PINES -FL 33024		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOODGE, TERESA 7900 NW 6TH ST. #201 PEMBROKE PINES FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESCOBAR, ALEXANDER 7910 NW 6TH ST. #201 PEMBROKE PINES FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTPY, CYNTHIA 7900 NW 6TH ST. #205 PEMBROKE PINES FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #