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	Mailing Address
300 ARAGON AVE., SUITE 210 CORAL GABLES FL 33134	300 ARAGON AVE., SUITE 210 CORAL GABLES FL 33134

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0729654 ☐ Applied For ☐ Not Applicable

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

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 Cainzos 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 _____ 1/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Debbie German	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JOSEPH, LLEWELLYN 650 NW 78TH TERR. #104 PEMBROKE PINES FL 33024	☒ Delete	ADRIANA SANCHEZ GOMEZ 680 NW 79 Terrace # 104 PEMBROKE PINES - FL 33024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NOODGE, TERESA 7900 NW 6TH ST. #201 PEMBROKE PINES FL 33024	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ESCOBAR, ALEXANDER 7910 NW 6TH ST. #201 PEMBROKE PINES FL 33024	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WESTPY, CYNTHIA 7900 NW 6TH ST. #205 PEMBROKE PINES FL 33024	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: D German
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #