

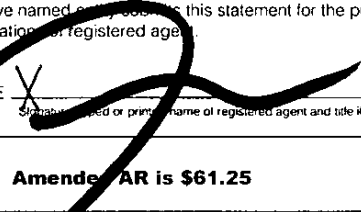
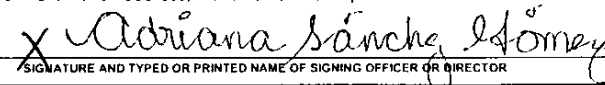


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000006776 1. Entity Name THE COVE AT FRENCH VILLAS CONDOMINIUM ASSOCIATION, INC.						SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT 13 AM 8:23	
Principal Place of Business MIAMI MANAGEMENT INC 1145 SAWGRASS CORP PKWY FORT LAUDERDALE, FL 33323				Mailing Address MIAMI MANAGEMENT INC 1145 SAWGRASS CORP PKWY FORT LAUDERDALE, FL 33323			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		08082006 Chg-NP CR2E037 (4/06)			
4. FEI Number 65-0729654				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FERRY, STEVEN 700 S STATE ROAD PLANTATION, FL 33317				Name The Law Offices of Katzman & Korr, P.A. Street 1501 Northwest 49th Street, Suite 202 Fort Lauderdale, Florida 33309 City Code			
8. The above named entity does 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 obligation of, registered agent.							
SIGNATURE 				Ferren L. Korr, Esq. 8/2/06 (NOTE: Registered Agent signature required when reinstating) DATE			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P ADRIANNA, SANDEZ G 680 NW 79TH TERR 104 HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) Adriana Sánchez Gómez 680 NW 79 ter 104 P. Pines FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Convention	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP LUIS, BALDUCCI R 680 NW 79 AVE 104 HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(T/VP) Troy Gomez 640 NW 79 ave #101 P. Pines FL 33024	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDS-MOHAMED, TASHI 7920 NW 6TH ST. #205 PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(S) David Klemperer 7850 NW 6 ST P. Pines FL 33024	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) Deodath Budhoo 681 NW 78 ter #102 P. Pines FL 33024	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) Adrienne Barrera 680 NW 79 ter #201 P. Pines FL 33024	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300080823693 10/13/06--01059--006 **\$1.25	<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: 				8/20/06 Date			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Davina Phone #			