2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 25, 2007 8:00 am Secretary of State

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1. Entity Name
THE COVE AT FRENCH VILLAS CONDOMINIUM ASSOCIATION, INC.



		Mailing Address MIAMI MANAGEMENT INI 1145 SAWGRASS CORP FORT LAUDERDALE, FL	PKWY	A A A A A A A A A A A A A A A A A A A	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number Applied F 65-0729654 Not Applie	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent	
T1 15 1 A)A/	OFFICE OF KATTANA KOL		Name		
THE LAW OFFICES OF KATZMAN & KORR, P.A. 1501 N.W. 49TH STREET, STE 202 FORT LAUDERDALE, FL 33309		RR, P.A.	Street A	ddress (P.O. Box Number is Not Acceptable)	
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			City	FL Zip Code	
		he purpose of changing its r	egistered office or	registered agent, or both, in the State of Florida. I am familiar with, and ac	cept
the obligat	ions of registered agent.				_
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating) DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co		\$5.00 May Be Make check payable to Florida Department of State	
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
MILE	P	Delete	TITLE	President Bithange A	ddition
NAME	SANCHEZ, ADRIANA	Detecto	NAME	KLEMPERER David	ddition
NAME STREET ADDRESS	SANCHEZ, ADRIANA 680 N.W. 79 TERRACE, #104	Detecte	NAME STREET ADDRESS	KLEMPERER, David 7850 NW 651 # 102	ddition
NAME STREET ADDRESS CITY-ST-ZIP	SANCHEZ, ADRIANA 680 N.W. 79 TERRACE, #104 PEMBROKE PINES, FL 33024		NAME STREET ADDRESS CITY-ST-ZIP	KLEMPERER, David 7850 NW 65t. # 102 P. Pines FL 38024	
NAME STREET ADDRESS CITY-ST-ZIP	SANCHEZ, ADRIANA 680 N.W. 79 TERRACE, #104 PEMBROKE PINES, FL 33024 TVP	Delete	NAME STREET ADDRESS CITY-ST-ZIP	KLEMPERER, David 7850 NW 65t. # 102 P. Pines FL 38024 Director Change BA	ddition
NAME STREET ADDRESS CITY-ST-ZIP	SANCHEZ, ADRIANA 680 N.W. 79 TERRACE, #104 PEMBROKE PINES, FL 33024		NAME STREET ADDRESS CITY-ST-ZIP	KLEMPERER, David 7850 NW 65t. #102 P. Pines FL 38024 Dicator Octange BAR BARRERA, Adriane	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SANCHEZ, ADRIANA 680 N.W. 79 TERRACE, #104 PEMBROKE PINES, FL 33024 TVP LUIS, BALDUCCI R 680 NW 79 AVE 104		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	KLEMPERER, David 7850 NW 65t. #102 P. Pines EL 38024 Director Change BAR BARRERA, Adriane 680 NW 79 terr #301 P. Pines FL 33024 Secretary Change BAR	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SANCHEZ, ADRIANA 680 N.W. 79 TERRACE, #104 PEMBROKE PINES, FL 33024 TVP LUIS, BALDUCCI R 680 NW 79 AVE 104 HOLLYWOOD, FL 33024 S RICHARDS-MOHAMED, TASHI	Dolete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	KLEMPERER, David 7850 NW 65t. #102 P. Pines EL 38024 Director Change BAR BARRERA, Adriane 680 NW 79 terr #301 P. Pines FL 33024 Secretary Change BAR HABER, Jessica	ddition
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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: _

BIGHATURE AND TYPED ON PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

954-963-5394