2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90030 050 ****61.25

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

Principal Place of Business	Mailing Address
MIAMI MANAGEMENT INC 1145 SAWGRASS CORP PKWY FORT LAUDERDALE, FL 33323	MIAMI MANAGEMENT INC 1145 SAWGRASS CORP PKWY FORT LAUDERDALE, FL 33323

01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		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	7. Name and Address of New Registered Agent
THE LAW OFFICES OF KATZMAN & KORR, P.A. 1501 N.W. 49TH STREET, STE 202 FORT LAUDERDALE, FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2008

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	P KEMPERER, DAVID 7850 NW 6ST 102 PEMBROKE PINES, FL 33024	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition P Rydzynski, Ursula 7901 NW 6 ST #101 Pembroke Pines FL 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRERA, ADRIANE 680 NW 79 TERR 201 PEMBROOKE PINES, FL 33024	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition S Barrera, Adriane 680 NW 79 terr. # 201 P. Pines FL 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HABER, JESSICA 7910 NW 7ST 104 PEMBROOKE PINES, FL 33024	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition P HABER, Wesley 7910 NW 7ST # 104 P. Pines FL 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP GOMEZ, TROY 640 N.W. 79 AVENUE, #101 PEMBROKE PINES, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KLEMPERER, DAVID 7850 N.W. 6 STREET PEMBROKE PINES, FL 33024	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMAIN, VERONE 631 NW 79 TERR 102 PEMBROKE PINES, FL 33024	☐ 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #