2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State
03-31-2003 90213 024 ****61.25

J30621001

DOCUMENT # N00000006776

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

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
~~14425 COUNTRY WALK DRIVE~~	~~14425 COUNTRY WALK DRIVE~~
~~MIAMI FL 33186~~	~~MIAMI FL 33186~~
300 Aragon Ave Suite 210	300 Aragon Ave Suite 210
Coral Gables, Fl 33134	Coral Gables, Fl 33134

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	7. Name and Address of New Registered Agent
SCHUMER, KARL J PA 19495 BISCAYNE BLVD STE 409 AVENTURA FL 33180	Name John Rodriguez / Gables Prof. Mgt Street Address (P.O. Box Number is Not Acceptable) 300 Aragon Ave Suite 210 City Coral Gables Fl **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 _____ 4-7-03
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

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 GOLDRING, KENNETH 3740 NW 78TH STREET MIAMI FL 33147	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / D Debbie Geryan 7921 NW 6 St #204 Pembroke Pines, Fl 33024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GARCIA-CARRILLO, PEDRO SR 14425 COUNTRY WALK DRIVE MIAMI FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President / D Llewellyn Joseph 650 NW 78 Ter #104 Pembroke Pines, Fl 33024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GARCIA-CARRILLO, MICHAEL A 14425 COUNTRY WALK DRIVE MIAMI FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / D Teresa Hodge 7900 NW 6 St #201 Pembroke Pines, Fl 33024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer / D Alexander Escobar 7910 NW 6 St # 201 Pembroke Pines, Fl 33024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Cynthia Westby 7900 NW 6 St # 205 Pembroke Pines, Fl 33024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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~~ REQUIRED 03-26-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #