05101999-90223-004-$61.25-$61.25

FILE NOW: FILING FEE IS $61.25

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90223 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

573044 - 90026 - 48

DOCUMENT # N21987

1. Corporation Name
FRENCH RIVIERA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9530 SW 1ST PLACE CORAL SPRINGS FL 33071 US	C/O M. HUBERT 9502 SW 1ST PLACE CORAL SPRINGS FL 33071 US FRED McFARLAND 9530 SW 1ST PL CORAL Springs, FL 33071

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/11/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0034616 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUBERT, MARILYN G 9502 SW 1ST PLACE CORAL SPRINGS FL 33071 Fred McFarland 9530 SW 1st PL CORAL Springs, FL 33071	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Fred McFarland 6/4/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HUBERT, MARILYN		1.2 NAME	PRES. FRED McFARLAND
STREET ADDRESS	9502 SW 1ST PLACE		1.3 STREET ADDRESS	9530 SW 1st PL
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33071
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RUSS, PATRICIA		2.2 NAME	SAME.
STREET ADDRESS	9520 SW 1ST PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE	TD	☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	MASI, TERI		3.2 NAME	TD CHRISTINA MAYNARD
STREET ADDRESS	9510 SW 1ST PL		3.3 STREET ADDRESS	9526 SW 1 PL
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	D	☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	LOISELLE, SYLVAN		4.2 NAME	D DAWN ANDERSON
STREET ADDRESS	5231 NW 85TH TERRACE		4.3 STREET ADDRESS	9504 SW 1 PL
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	MCFARLAND, FRED		5.2 NAME	VP MARIA ZORCHOWSKI
STREET ADDRESS	9530 SW 1 PL		5.3 STREET ADDRESS	9522 SW 1 PL
CITY-ST-ZIP	CORAL SPGS FL		5.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Fred McFarland 6/4/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRED McFARLAND 954-344-9870