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

1092

DOCUMENT # N21987

1. Entity Name FRENCH RIVIERA VILLAGE Condominium Association Inc

DO NOT WRITE IN THIS SPACE

FILED
02 MAR -8 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00-02 UBR

2. Principal Place of Business	3. Mailing Address
9524 SW 1st Place	9524 SW 1st Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs FL	City & State: Coralsprings Fl
Zip: 33071 Country: USA	Zip: 33071 Country: USA

4. FEI Number — Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lisa Callahan

Street Address (P.O. Box Number is Not Acceptable): 9524 SW 1st Place

City: Coral Springs FL Zip Code: 33071

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.

SIGNATURE: Lisa L Callahan — 11/29/02

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

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President - T	TITLE	
NAME	Lisa Callahan	NAME	
STREET ADDRESS	9524 SW 1st Place	STREET ADDRESS	
CITY-ST-ZIP	Coral Springs Fl 33071	CITY-ST-ZIP	
TITLE	Vice President	TITLE	300005169753--7
NAME	marie zoborski - T	NAME	-03/26/02--01053--019
STREET ADDRESS	9522 SW 1st Place	STREET ADDRESS	****183.75 ****183.75
CITY-ST-ZIP	Coral Springs Fl 33071	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Christina Maynard - T	NAME	
STREET ADDRESS	9524 SW 1st Place	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Coral Springs Fl 33071	CITY-ST-ZIP	
TITLE	Lorena Rosario - T	TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS	9508 SW 1st Place	STREET ADDRESS	
CITY-ST-ZIP	Coral Springs Fl 33071	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS	00-02 UBR TO:	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cristina Maynard

202

FRENCH RIVIERA VILLAGE

January 29,2002

To Whom It May Concern,

It has come to our attention that we are no longer incorporated with the State of Florida. At this time we would like to be reinstated as a non-Profit corporation. To the best of our knowledge we at no time received the proper forms to do so. We are sending in a back payment of $183.75 that will cover the 3 years that we have been delinquent.

Thank You,

Lisa L Callan PRES

Board of Directors