


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90032 050 \*\*\*\*61.25

<b>DOCUMENT # N21987</b> 1. Entity Name <b>FRENCH RIVIERA VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9524 SW 1ST PLACE CORAL SPRINGS, FL 33071 US</b>			Mailing Address <b>2085 UNIVERSITY DR CORAL SPRINGS, FL 33071 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		<b>SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065</b>			
City & State					
Zip                      Country					
3. Mailing Address Zip                      Country <b>US</b>		4. FEI Number <b>NOT APPLICABLE</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>SOUTHEAST CONDOMINIUM MGT INC. 2085 UNIVERSITY DR CORAL SPRINGS, FL 33071</b>				7. Name and Address of New Registered Agent Name <b>SOUTHEAST CONDO MGMT.</b> Street <b>2855 N. UNIVERSITY DR. STE 310</b> City <b>CORAL SPRINGS, FL 33065</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>VT</b> <b>ZOBOROSKI, MARIE</b> <b>9522 SW 1ST PLACE</b> <b>CORAL SPRINGS, FL</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>T</b> <b>HERNANDEZ, CHRISTINA</b> <b>9526 SW 1ST PLACE</b> <b>CORAL SPRINGS, FL 33071</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>D</b> <b>MCFARLAND, FRED</b> <b>9503 SW 1ST AVE</b> <b>CORAL SPRINGS, FL 33071</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>Maria Zoborowski</u> <b>Maria Zoborowski / 2-6-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					

40016904



01082005 Chg-NP CR2E037 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SOUTHEAST CONDOMINIUM MGT INC.  
2085 UNIVERSITY DR  
CORAL SPRINGS, FL 33071**

Name

Street

City

**SOUTHEAST CONDO MGMT.  
2855 N. UNIVERSITY DR. STE 310  
CORAL SPRINGS, FL 33065**

**FL**

Zip Code

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Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

TITLE **VT** ☐ Delete  
NAME **ZOBOROSKI, MARIE**  
STREET ADDRESS **9522 SW 1ST PLACE**  
CITY-ST-ZIP **CORAL SPRINGS, FL**

TITLE **T** ☐ Delete  
NAME **HERNANDEZ, CHRISTINA**  
STREET ADDRESS **9526 SW 1ST PLACE**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **D** ☐ Delete  
NAME **MCFARLAND, FRED**  
STREET ADDRESS **9503 SW 1ST AVE**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #