

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90074 037 \*\*\*\*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>SOUTHEAST CONDO MGMT 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065 US</b>		
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 <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
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. 2855 N. UNIVERSITY MGMT STE 310 CORAL SPRINGS, FL 33065</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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: <u><i>Marie Zaboroski</i></u> <span style="float: right;">2/1/06</span> <small>Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	VT		TITLE	P	
NAME	ZOBOROSKI, MARIE		NAME	Nieves, Elsa	
STREET ADDRESS	9522 SW 1ST PLACE		STREET ADDRESS	9524 SW 1ST PL	
CITY - ST - ZIP	CORAL SPRINGS, FL		CITY - ST - ZIP	CORAL SPRINGS, FL 33071	
TITLE	T		TITLE	D	
NAME	HERNANDEZ, CHRISTINA		NAME	Emmel, Maureen	
STREET ADDRESS	9526 SW 1ST PLACE		STREET ADDRESS	9528 SW 1ST PL	
CITY - ST - ZIP	CORAL SPRINGS, FL 33071		CITY - ST - ZIP	CORAL SPRINGS, FL 33071	
TITLE	D		TITLE	D	
NAME	MCFARLAND, FRED		NAME	Naylor, Adriana	
STREET ADDRESS	9503 SW 1ST AVE		STREET ADDRESS	9502 SW 1ST PL	
CITY - ST - ZIP	CORAL SPRINGS, FL 33071		CITY - ST - ZIP	CORAL SPRINGS, FL 33071	
TITLE			TITLE	D	
NAME			NAME	Oberstein, Mark	
STREET ADDRESS			STREET ADDRESS	9500 SW 1ST PL	
CITY - ST - ZIP			CITY - ST - ZIP	CORAL SPRINGS, FL 33071	
TITLE			TITLE		
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 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: <u><i>Marie Zaboroski Pres.</i></u> <span style="float: right;">3/9/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01062006 Chg-NP CR2E037 (11/05)



ATTACHMENT  
66004/94/0

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2006

FRENCH RIVIERA VILLAGE CONDOMINIUM ASSOCIATION, INC.  
SOUTHEAST CONDO MGMT  
2855 NL UNIVERSITY DR STE 310  
CORAL SPRINGS, FL 33065 US

Subject: **FRENCH RIVIERA VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Reference Number: **N21987**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION