


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90014 005 ****61.25

DOCUMENT # N21987					
1. Entity Name FRENCH RIVIERA VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9524 SW 1ST PLACE CORAL SPRINGS, FL 33071 US			Mailing Address SOUTHEAST CONDO MGMT 2855 NL. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHEAST CONDOMINIUM MGT INC. 2855 N. UNIVERISTY MGMT STE 310 CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name: _____ Street: Tucker & Tighe, P.A. 800 E. Broward Blvd, Suite 710 Fort Lauderdale, FL 33301 City: _____ 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>Thomas J. Tighe</i></u> Pres. <u>2/6/07</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZOBOROSKI, MARIE		NAME		
STREET ADDRESS	9522 SW 1ST PLACE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NIEVES, ELSA		NAME		
STREET ADDRESS	9524 SW 1ST PL		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EMMEL, MAUREEN		NAME	Leopold, Danilo	
STREET ADDRESS	9528 SW 1ST PLACE		STREET ADDRESS	9530 SW 1st Place	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NAYLOR, ADRIANA		NAME	Mateski, Trajce	
STREET ADDRESS	9502 SW 1ST PLACE		STREET ADDRESS	9512 SW 1st Place	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VOERSTEIN, MARK		NAME	Uberstine, Eunice	
STREET ADDRESS	9500 SW 1ST PLACE		STREET ADDRESS	9500 SW 1st Place	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	Coral Springs, FL 33071	
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 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>Eunice Uberstine</i></u> Eunice Uberstine <u>3/16/07</u> <u>954-785-8808</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Daytime Phone #					

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