



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90048 043 \*\*\*\*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 NL UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2855 N. University Dr.</b>		3. Mailing Address <b>Suite, Apt. #, etc.</b>			
Suite, Apt. #, etc. <b>#310</b>		Suite, Apt. #, etc.		01032008 Chg-NP CR2E037 (12/06)	
City & State <b>Coral Springs, FL</b>		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33065</b>		Country <b>US</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>TUCKER &amp; TIGHE P.A. 800 E BROWARD BLVD, SUITE 710 FORT LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEOPOLD, DANILO 9530 SW 1ST PLACE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leopold, Danilo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIEVES, ELSA 9524 SW 1ST PL CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Nieves, Elsa	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATESKI, TRAJCE 9512 SW 1ST PLACE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP mateski, Trajce	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAYLOR, ADRIANA 9502 SW 1ST PLACE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Naylor, Adriana	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UBERSTINE, EUNICE 9500 SW 1ST PLACE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Uberstine, Eunice	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Eunice Uberstine</u> Eunice Uberstine President 3/19/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					