

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 208839

1. Entity Name

NORMANDY VILLAGE UTILITY CO.



Principal Place of Business

7800 DELAROCHE DR
JACKSONVILLE FL 32210
US

Mailing Address

1702 LINDSEY RD
JACKSONVILLE FL 32221
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

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-6066966**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LETIEN, DENISE L
6219 MAGELLAN RD
JACKSONVILLE FL 32222

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when changing agent.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MSD LETIEN, DOROTHY E 8091 LOURDES DR S JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKLEY, AGNES R 7935 LIMOGES DR JACKSONVILLE FL 32210	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVENGOD, E.F. 2139 PATOU DR WEST JACKSONVILLE FL 32210	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GMUCA, R F 8209 BAZAINE DR JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVEROCK, R.E. 2042 MONTEAU DR JACKSONVILLE FL 32210	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT STUDY, NORMAN D 4631 MAGILL RD JACKSONVILLE FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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06/02/08-80060-016 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: *Dorothy E. Letien* (DOROTHY E. LETIEN)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATION SECRETARY DIRECTOR MANAGER

4-28-2008

904-781-1194

DATE

Daytime Phone #