

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 12 1997 8:00am  
Secretary of State

DOCUMENT # 579816 (0)

1. Corporation Name

NORMANDY ISLE BRIDGE CLUB, INC.

Principal Place of Business

1440 KENNEDY CAUSEWAY  
MIAMI BEACH FL 33141

Mailing Address

1440 KENNEDY CAUSEWAY  
MIAMI BEACH FL 33141



3. Date Incorporated or Qualified

07/21/1978

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1835852

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BARON, RICHARD  
11077 BISCAYNE BLVD  
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME REACH, JOAN  
STREET ADDRESS 19312 NE 25TH AVE #173  
CITY - ST - ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME KAST, VICKI L.  
STREET ADDRESS 336 N BIRCH RD #7D  
CITY - ST - ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

NAME KAST, ROBERT J  
STREET ADDRESS 336 N. BIRCH RD. #70  
CITY - ST - ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME HAINES, VICKI L.  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 1320 NW 2nd Ave. #3  
3.4 CITY - ST - ZIP FT. LAUDERDALE FL 33311

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0519200

CR2E034 (9/96)