

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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AND
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05 MAY - 1 AM 10:15

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 727896 (3)
1. Corporation Name

NORMANDY PLACE ASSOCIATION, INC.

Principal Place of Business Mailing Address
**2000 BIARRITZ DR.
MIAMI BCH. FL 33141-4468** **2000 BIARRITZ DR.
MIAMI BCH. FL 33141-4468**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/30/1973** 3a. Date of Last Report **04/11/1994**

4. FEI Number **59-2262803** Applied For Not Applicable

2. Principal Place of Business 26. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State **FL** 85. Zip Code

**NAGY, PETER PAUL
2000 BIARRITZ DR.
#406
MIAMI BEACH FL 33141**

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 _____ (NOTE: Registered Agent Signature required when installing) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **NAGY, PETER PAUL**
STREET ADDRESS **2000 BIARRITZ DR., #406**
CITY - ST - ZIP **MIAMI BCH, FL 00000**

11. TITLE Change Addition
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

TITLE **TD**
NAME **NAGY, MAGDOLNA**
STREET ADDRESS **2000 BIARRITZ DR., #406**
CITY - ST - ZIP **MIAMI BCH, FL 00000**

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

TITLE **SD**
NAME **BURRESS, MAGALI**
STREET ADDRESS **2000 BIARRITZ DR., #304**
CITY - ST - ZIP **MIAMI BEACH FL**

31. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51. TITLE Change Addition
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61. TITLE Change Addition
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: Peter P. Nagy President 4-18-95 305-866-2333
Signature and Typed or Printed Name of Signing Officer or Director Date Telephone Number