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**Feb 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # 727896 (3)**

1. Corporation Name  
**NORMANDY PLACE ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **10/30/1973**

4. FEI Number: **59-2262803**

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		Suite, Apt. #, etc.		City & State		Zip	
Country		Country		Country		Country		Country	

9. Name and Address of Current Registered Agent  
**NAGY, PETER PAUL  
2000 BIARRITZ DR.  
#406  
MIAMI BEACH FL 33141**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	NAGY, PETER PAUL	1.2 NAME	
STREET ADDRESS	2000 BIARRITZ DR., #406	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	NAGY, MAGDOLNA	2.2 NAME	
STREET ADDRESS	2000 BIARRITZ DR., #406	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD
NAME	BURRESS, MAGALI	3.2 NAME	Peter Nagy
STREET ADDRESS	2000 BIARRITZ DR., #304	3.3 STREET ADDRESS	2000 Biarritz Dr. #406
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	Miami Beach, Fl. 33141
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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 Nagy* 1-12-98 305-966-2333

CR2E037 (10/97)