

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727896

FILED
Apr 27, 2005
Secretary of State

Entity Name: NORMANDY PLACE ASSOCIATION, INC.

Current Principal Place of Business:

2000 BIARRITZ DR.
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

2000 BIARRITZ DR.
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 59-2262803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAKALETRIS, DIMITRI
2000 BIARRITZ DR.
APT 401
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAKALETRIS, DIMITRI
Address: 2000 BIARRITZ DR., APT 401
City-St-Zip: MIAMI BEACH, FL 33141

Title: VD () Delete
Name: MORGAN, BRIAN
Address: 2000 BIARRITZ DR., #507
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD () Delete
Name: LAGE, CARIDAD
Address: 2000 BIARRITZ DRIVE #501
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: FRANCO, DAVID
Address: 2000 BIARRITZ DR., #405
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: MORGAN, BRIAN
Address: 2000 BIARRITZ, DR APT 507
City-St-Zip: MIAMI BEACH, FL 33141

Title: T () Delete
Name: SALATA, ROXANNE
Address: 2000 BIARRITZ DR. APT 505
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOVING, WILLIAM
Address: 2000 BIARRITZ DR., #406
City-St-Zip: MIAMI BEACH, FL 33141

Title: D (X) Change () Addition
Name: SUAREZ, ALEX
Address: 2000 BIARRITZ, DR APT # 202
City-St-Zip: MIAMI BEACH, FL 33141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARIDAD LAGE

SD

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date