

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727896

FILED  
May 21, 2007  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

LOVING, WILLIAM W  
2000 BIARRITZ DR.  
APT 406  
MIAMI BEACH, FL 33141 US

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: WILLIAM LOVING

05/21/2007

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: PALACIOS, MONICA  
Address: 2000 BIARRITZ DR., #506  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D (X) Change ( ) Addition  
Name: CINTRON, ODILE  
Address: 2000 BIARRITZ DR., #404  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM LOVING

PD

05/21/2007

Electronic Signature of Signing Officer or Director

Date