

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727896

FILED
May 25, 2009
Secretary of State

Entity Name: NORMANDY PLACE ASSOCIATION, INC.

Current Principal Place of Business:

FOUR POINTS PROPERTY MGMT, INC
790 WEST 20TH STREET
HIALEAH, FL 33010

New Principal Place of Business:

2000 BIARRITZ DR.
MIAMI BEACH, FL 33141

Current Mailing Address:

FOUR POINTS PROPERTY
790 WEST 20TH STREET
HIALEAH, FL 33010

New Mailing Address:

2000 BIARRITZ DR.
MIAMI BEACH, FL 33141

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:

FOUR POINTS PROPERTY MGMT, INC
790 WEST 20TH STREET
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

LOVING, WILLIAM P
2000 BIARRITZ
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

05/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOVING, WILLIAM
Address: 790 WEST 20TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: S () Delete
Name: NELSON, SUAREZ
Address: 790 WEST 20TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: T () Delete
Name: SUAREZ, ALEX
Address: 790 WEST 20TH STREET
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: NELSON, SUAREZ
Address: 2000 BIARRITZ DR.
City-St-Zip: MIAMI BEACH, FL 33141

Title: T (X) Change () Addition
Name: SUAREZ, ALEX
Address: 2000 BIARRITZ DR.
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

P

05/25/2009

Electronic Signature of Signing Officer or Director

Date