

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 17 PM 3: 31

DOCUMENT # **K66800** (9)

1. Corporation Name
NORMANDY ISLE APARTMENTS, INC.

Principal Place of Business Mailing Address
104180 O/S HWY **104180 O/S HWY**
KEY LARGO FL 33007 **KEY LARGO FL 33007**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Quashed **02/20/1989** 3a. Date of Last Report **06/20/1994**
4. FEI Number **59-2930834** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **4201 S.W. 11 ST.** 26 **4201 S.W. 11 ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **MIAMI, FLORIDA** 28 **MIAMI, FLORIDA**
Zip Country Zip Country
24 **33134** 25 **U.S.** 29 **33134** 30 **U.S.**

9. Name and Address of Current Registered Agent
CABRERA, RAUL D.
4201 S.W. 11TH STREET
MIAMI FL 33134
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

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: _____ (PRINT NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE) (IF/IFL: Registered Agent Signature Required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	A.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZPIRI, LORENZO	1.2 NAME	GLADYS B. GRANDA RODRIGUEZ
STREET ADDRESS	1061 N. VENETIAN DRIVE	1.3 STREET ADDRESS	680 LAKE ROAD
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D	2.1 TITLE	V.P. TREAS, SEC, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZPIRI, RACHEL	2.2 NAME	MADERLENE S. CABRERA
STREET ADDRESS	1061 N. VENETIAN DRIVE	2.3 STREET ADDRESS	4201 S.W. 11 ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33134
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **GLADYS B GRANDA RODRIGUEZ** 2/17/95 (302)414-6862
DATE: _____