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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L32725 1. Corporation Name

NODMANDY MANOR INC

NUHMAI	NDY MANUH	i, inu.										
Principal Place	of Business :		Mailing Ad	· · · · · · · · · · · · · · · · · · ·				-				
		•	•		40							
3399 PONCE DE LEON BLVD. 3399 PONCE DE LEON BL SUITE 202 SUITE 202				VD.						•		
CORAL GABLES FL 33134 CORAL GABLES			BLES FL 33134	. 33134				. DO NOT W	RITE IN THIS	SPACE		
ÚS		•	US					3. Date Incorp	orated or Qualife	ed		
								11/27/19	89			
2. Principal P	lace of Business		2a. Mailing	Address				4. FEI Number	•		. Ap	plied For
21		<i>*.</i> *	26					65-02315	39		. No	ot Applicable
Suite, Apt.	#, etc		Suite,	Apt. #, etc.					Status Desired		\$8.75	Additional
22			27					5. Certificate of	Status Desired		Fee Re	equired
City & Stat	e	, 5	City &	State		•		6. Election Car	mpaign Financin	¹⁹ □	\$5.00	May Be
23	,		28					Trust Fund	Contribution		Added	to Fees
Žip		Country	Zip		Coun	try		8. This corpora	ation owes the c	urrent year In	tangible	,
24	25		29		30			Personal Pr			☐ Yes	ØNo_
	9. Name and	d Address of Current	Registered A	gent				10. Name and	Address of Nev	v Registered	Agent	
					18	81 Na	me					
	S BAUMBERG				1	B2 Str	eet Addre	ess (P.O. Box Num	ther is Not Acce	ptable)	<u> </u>	
	PONCE DE L	eon blvd.				0.	001710010	,00 (i :0: Dox 11a.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	E 202				8	B3						
COR	ial Gables F	L 33134			L.	-					OF Zin	Code
					1	B4 Cit	У			FL	85 Zip	Code
11. Pursuant	to the provisions	of Sections 607.0502 or both, in the State of	2 and 607.1508	, Florida Statute	es, the abo	ove-nar	ned corpo	ration submits this	statement for t	he purpose of	changing its	registered
office or re	egistered agent,	or both, in the State of	of Florida. Such	change was a	uthorized l	by the c	corporation	n's board of direct	ors. I hereby ac	cept the appo	intment as re	gistered
		and account the children			rida Statut	20						
agent. I a	m familiar with, a	and accept the obligati	ions of, Section	1 607.0505, FIO	rida Statut	es.				•		
agent. I a		and accept the obligati Inted name of registered agent			nda Statut	es.		when reinstating)		DATE		
agent. I a		and accept the obligati	and title if applicable	e. (NOTE	nda Statut	es.			CHANGES TO		ND DIRECTO	DRS IN 12
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6.4 CITY-ST-ZIP 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 frustee 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 all address, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS

SIGNATOR SIGNATURE AND TYPED OR PRINTED NAME

(305) 461-5234