

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northoft Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N95000005217 (3)
 1. Corporation Name
NORMANDY AT PEMBROKE LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 10060 NW 18TH ST PEMBROKE PINES FL 33024	Mailing Address 10060 NW 18TH ST PEMBROKE PINES FL 33024
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1995		3a. Date of Last Report 03/11/1996	
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number APPLIED FOR 65-0641586	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KUPFER, PAUL H
1700 UNIVERSITY DR SUITE 110
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHAN, RICHARD	
STREET ADDRESS	10560 NW 27TH ST UNIT 101	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITMER, LYN	
STREET ADDRESS	10560 NW 27TH ST UNIT 101	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALAL, ROGER	
STREET ADDRESS	10560 NW 27TH ST UNIT 101	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CURTIS CAMP	
1.3 STREET ADDRESS	10007 NW 20TH ST.	
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SUSAN SAGEL	
2.3 STREET ADDRESS	10007 NW 20TH ST.	
2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DALAL, ROGER	
3.3 STREET ADDRESS	7600 JOG ROAD	
3.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

700002275387
-08/25/97--01012--001

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0502, 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED _____

CR2E037 (4/97)