

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 10 1998 8:00am
 Secretary of State



NONPROFIT CORPORATION
 ANNUAL REPORT
 1998

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

DOCUMENT # N95000005217 (3)

1. Corporation Name

NORMANDY AT PEMBROKE LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10000 NW 18TH ST
 PEMBROKE PINES FL 33024

10000 NW 18TH ST
 PEMBROKE PINES FL 33024

10007 NW 20 St.
 Pembroke Pines, FL 33024

14930 Newcastle Lane
 Davie, FL 33331

3. Date Incorporated or Qualified

11/03/1995

4. FEI Number

65-0641586

Applied For

Not Applicable

2. Principal Place of Business

21 10007 NW 20 St.

2a. Mailing Address

26 14930 Newcastle Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

Pembroke Pines, FL

27 City & State

Davie, FL

24 Zip

33024

25 Country

USA

29 Zip

33331

30 Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
 NAME CAMP, CURTIS
 STREET ADDRESS 10007 NW 20TH ST.
 CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE D DELETE
 NAME SAGEL, SUSAN
 STREET ADDRESS 10007 NW 20TH ST.
 CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE D DELETE
 NAME DALAL, ROGER
 STREET ADDRESS 7600 JOG ROAD
 CITY-ST-ZIP LAKE WORTH FL 33467

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME D
 1.3 STREET ADDRESS Michelle Ridenour
 7600 Jog Road
 1.4 CITY-ST-ZIP Lake Worth, FL 33467

2.1 TITLE D Change Addition
 2.2 NAME Terry Lillian
 2.3 STREET ADDRESS 7600 Jog Road
 2.4 CITY-ST-ZIP Lake Worth, FL 33467

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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)(l), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/98

Date

954-434-5766

Daytime Phone #

CR2E037 (5/98)