

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

DOCUMENT # N95000005217

02-26-2000 90054 024 ****61.25

1. Entity Name

NORMANDY AT PEMBROKE LAKES HOMEOWNERS ASSOCIATIO

Principal Place of Business

Mailing Address

10007 NW 20 ST
 PEMBROKE PINES FL 33024
 US

~~14930 NEW CASTLE LANE~~
~~DAVIE FL 33331-8206~~
~~US~~

2. Principal Place of Business

3. Mailing Address

10060 NW 20 ST.
 Suite, Apt. #, etc.

1189 Sawgrass Corp. Pkwy.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Pembroke Pines, FL

City & State
 Sunrise FL

4. FEI Number
 65-0641586

Applied For
 Not Applicable

Zip
 33024

Country
 Broward

Zip
 33323

Country
 Broward

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name: Susan P. Bakalar, P.A.
 Street Address (P.O. Box Number is Not Acceptable):
 2440 SW 70 Ave., Suite D
 City: Davie FL Zip Code: 33317

8. 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: *Susan P. Bakalar*

DATE: 2/18/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	DELETE <input checked="" type="checkbox"/>	NAME RIDENOUR, MICHELLE
STREET ADDRESS 7600 JOG ROAD		
CITY-ST-ZIP LAKE WORTH FL 33467		
TITLE D	DELETE <input checked="" type="checkbox"/>	NAME LILLIAN, TERRY
STREET ADDRESS 7600 JOG ROAD		
CITY-ST-ZIP LAKE WORTH FL 33467		
TITLE D	DELETE <input checked="" type="checkbox"/>	NAME DALAL, ROGER
STREET ADDRESS 7600 JOG ROAD		
CITY-ST-ZIP LAKE WORTH FL 33467		
TITLE	DELETE <input type="checkbox"/>	NAME
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DELETE <input type="checkbox"/>	NAME
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DELETE <input type="checkbox"/>	NAME
STREET ADDRESS		
CITY-ST-ZIP		

TITLE DP	CHANGE <input type="checkbox"/>	ADDITION <input checked="" type="checkbox"/>
NAME Jesus Vazquez		
STREET ADDRESS 1189 Sawgrass Corp Pkwy		
CITY-ST-ZIP Sunrise FL 33323		
TITLE DVP	CHANGE <input type="checkbox"/>	ADDITION <input checked="" type="checkbox"/>
NAME Roger Bailey		
STREET ADDRESS 1189 Sawgrass Corp. Pkwy		
CITY-ST-ZIP Sunrise FL 33323		
TITLE D	CHANGE <input type="checkbox"/>	ADDITION <input checked="" type="checkbox"/>
NAME Jose Santiago		
STREET ADDRESS 1189 Sawgrass Corp. Pkwy.		
CITY-ST-ZIP Sunrise FL 33323		
TITLE DT	CHANGE <input type="checkbox"/>	ADDITION <input checked="" type="checkbox"/>
NAME Mike Divito		
STREET ADDRESS 1189 Sawgrass Corp. Pkwy.		
CITY-ST-ZIP Sunrise FL 33323		
TITLE DS	CHANGE <input type="checkbox"/>	ADDITION <input checked="" type="checkbox"/>
NAME Carmen Rotger		
STREET ADDRESS 1189 Sawgrass Corp. Pkwy		
CITY-ST-ZIP Sunrise FL 33323		
TITLE	CHANGE <input type="checkbox"/>	ADDITION <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)