

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90081 022 ****61.25

DOCUMENT # N95000005217

1. Entity Name

**NORMANDY AT PEMBROKE LAKES HOMEOWNERS ASSOCIATIO
 N, INC.**

Principal Place of Business

Mailing Address

10060 NW 20 ST
 PEMBROKE PINES FL 33024
 US

C/O MIAMI MANAGEMENT, INC
 1189 SAWGRASS CORP PKWY
 SUNRISE FL 33323
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0641586

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KREILING, EDWARD P
2500 WESTON RD., STE 220
WESTON FL 33331

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 **DP** Delete
 NAME **VAZQUEZ, JESUS**
 STREET ADDRESS **1189 SAWGRASS CORP PKWY**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **Ralph Button Dir.** Change Addition
 NAME
 STREET ADDRESS **1801 NW 98th Ave**
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE **DVP** Delete
 NAME **BAILEY, ROGER**
 STREET ADDRESS **1189 SAWGRASS CORP PKWY**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **David Entinger Pres.D** Change Addition
 NAME
 STREET ADDRESS **1875 NW 180 Way**
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE **D** Delete
 NAME **SANTIAGO, JOSE**
 STREET ADDRESS **1189 SAWGRASS CORP PKWY**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33323**

TITLE **Sardis Mendez VP** Change Addition
 NAME
 STREET ADDRESS **1946 NW 99 Circle**
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE **DT** Delete
 NAME **DIVITO, MIKE**
 STREET ADDRESS **1189 SAWGRASS CORP PKWY**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33323**

TITLE **Mercedes Ritchie TD** Change Addition
 NAME
 STREET ADDRESS **10057 NW 18th Street**
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE **DS** Delete
 NAME **ROTGER, CARMEN**
 STREET ADDRESS **1189 SAWGRASS CORP PKWY**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33323**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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 fee empowered.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02

Date

Daytime Phone #

CR2E037 (9/01)