2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005217

FILED Aug 30, 2007 Secretary of State

Entity Name: NORMANDY AT PEMBROKE LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

10060 NW 20 ST

PEMBROKE PINES, FL 33024 US C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC

C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC

5400 S UNIVERSITY DRIVE, SUITE 101

DAVIE, FL 33328

Current Mailing Address:

New Mailing Address:

C/O ATLANTIS MANAGEMENT 11011 SHERIDAN ST., #208 COOPER CITY, FL 33026

5400 S UNIVERSITY DRIVE, SUITE 101

DAVIE, FL 33328 US

FEI Number: 65-0641586

FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

EISENGER, BROWN, LOUIS & FRANKEL, PA 4000 HOLLYWOOD BLVD.

#265S

#265S HOLLYWOOD, FL 33021 US

EISINGER, DENNIS J ESQ.

4000 HOLLYWOOD BLVD.

HOLLYWOOD, FL 33021 US

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.

Address:

SIGNATURE: DENNIS EISINGER

08/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

() Delete

VASQUEZ, JESSE Name: 1900 NW 98 AVE Address:

City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD () Delete MENDEZ, SARDIS Name:

City-St-Zip: PEMBROKE PINES, FL 33024

1946 NW 99 CIRCLE

Title: () Delete ROTGER, CARMEN Name: Address: 9966 NW 18 ST

PEMBROKE PINES, FL 33024 City-St-Zip:

Title: VPD () Delete Name: KHOURI, MARLENE Address: 1945 NW 99 CIR

City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Delete CAPUANO, KIMBERLEE Name:

1960 NW 100 AVE Address:

PEMBROKE PINES, FL 33024 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

VASQUEZ, JESUS Name:

Address: 5400 S UNIVERSITY DRIVE, SUITE 101

City-St-Zip: **DAVIE, FL 33328**

Title: (X) Change () Addition

Name: MENDEZ, SARDIS

Address: 5400 S UNIVERSITY DRIVE, SUITE 101

City-St-Zip: **DAVIE, FL 33328**

Title: (X) Change () Addition

DEYOUNG, KIMBERLY Name: 5400 S UNIVERSITY DRIVE Address:

City-St-Zip: DAVIE, FL 33328

(X) Change () Addition Title: VPD

Name: KHOURI, MARLENE

5400 S UNIVERSITY DRIVE, SUITE 101 Address:

City-St-Zip: **DAVIE, FL 33328**

Title: (X) Change () Addition

MUNDY, GAWAIN Name:

5400 S UNIVERSITY DRIVE, SUITE 101 Address:

City-St-Zip: **DAVIE, FL 33328**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESUS VAZQUEZ PD 08/30/2007

Electronic Signature of Signing Officer or Director

Date