

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005217

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC
5400 S UNIVERSITY DRIVE, SUITE 101
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC
5400 S UNIVERSITY DRIVE, SUITE 101
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 65-0641586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISENGER, BROWN, LOUIS & FRANKEL, PA
4000 HOLLYWOOD BLVD.
#265S
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VASQUEZ, JESUS
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: SD () Delete
Name: MENDEZ, SARDIS
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: TD () Delete
Name: DEYOUNG, KIMBERLY
Address: 5400 S UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328

Title: VPD () Delete
Name: KHOURI, MARLENE
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: EDWARDS, KHARI
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JONATHAN LOUIS

MGR

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date