## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## N95000005217 DOCUMENT #

1. Entity Name

10060 NW 20 ST PEMBROKE PINES FL 33024

US

Principal Place of Business

NORMANDY AT PEMBROKE LAKES HOMEOWNERS ASSOCIATIO N. INC.



Bervices. Mailing Address C/O ATLANTIS MANAGEMENT, INC 1031 IVES DAIRY RD., SUITE 228 MIAMI FL 33179 HS

**FILED** Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90196 032 \*\*\*\*61.25

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2. Principal Place of Business 3. Mailing Address					THE REPORT OF THE PARTY AND A PARTY BANK BOND BOND BOND FIRE HOP HER THE FOREIGN FOR THE PARTY AND T			
		Holl Sher	11 Sheridan Street		CHECK HERE IF MAKING CHANGES			
		Suite, Apt. #, etc.						
City & State Cit		City & State	y & State		er 65-0641586		olied For Applicable	
	Country	Coper C	Country	1 F C-4/Fasto	of Status Desired	\$8.75 Addit	tional	
Zip	Country	33026	Brows	ci l		Fee Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New Registered	Agent		
KREILING, EDWARD P 2500 WESTON RD., STE 220			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
WESTON								
	; ;		City		FL	Zip Code	)	
	named entity submits this statement fo	or the purpose of changing	its registered office or re	egistered agent, or bo	th, in the State of Florida. I am	familiar with, a	and accept	
<ol><li>The above the obligation</li></ol>	named entity submits this statement to ons of registered agent.	or the purpose of changing					'	
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered Agent signature	required when reinstating)	. DATE			
	Signature, typed or printed have a series							
en e NAM. EEE IC CC1 95			Campaign Financing	\$5.00 May	Be Make Chec	ck Payable	to State	
	ILE MOM: LEE 19 \$01.50	Trust Fund	d Contribution.	Added to Fees	Florida Depa	runent or a	otate	
10	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CH	HANGES TO OFFICERS AND D			
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	BUTTON, RALPH		NAME STREET ADDRESS					
STREET ADDRESS	1801 NW 98TH AVE. PEMBROOKE PINES FL 33024		CITY-ST-ZIP					
CITY-ST-ZIP	PD PD	Delete	TITLE			☐ Change	☐ Addition	
TITLE NAME	entinger, David		NAME					
STREET ADDRESS	1875 NW 180 WAY		STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	PENBROKE PINES FL 33024	⊸ ⊡ Delete			ريا عبر العبيرة	Change	☐ Addition	
TITLE NAME	VP MENDEZ, SARDIS	⇒(⊑) Delete -	NAME					
STREET ADDRESS	1946 NW 99 CIRCLE		STREET ADDRESS					
CITY-ST-ZIP	PENBROKE PINES FL 33024		CITY-ST-ZIP			Change	Addition	
TITLE	DS ROTGER, CARMEN	Delete	TITLE NAME		ath Clma		_	
NAME STREET ADDRESS	1189 SAWGRASS CORP PKW	<b>†</b>	STREET ADDRESS	9966 NO	w 18th Stree	エ うちへつじ	١	
CITY-ST-ZIP	FORT LAUDERBALE FL 33323		CITY-ST-ZIP	Pembro	ke Pines, FL	- Chance	Addition	
TITLE	TD	☐ Delete	TITLE		-	☐ Change		
NAME	RITCHIE, MERCEDES		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	10057 NW 18TH ST. PEMBROKE PINES FL 33024		CITY-ST-ZIP					
TITLE	I Municipality / Manager 1	☐ Delete	TITLE			☐ Change	Addition Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					

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:

REDCARMEN ROTGER 01/24/08 (954) 443-6337