

FILE NOW: FILING FEE IS \$61.25

Amended

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT -7 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N96 00004304*
1. Corporation Name
NORMANDY PALMS CONDOMINIUM ASSOCIATION INC.

Principal Place of Business Mailing Address
**P.O. Box 416593
MIAMI BEACH, FL.
33141**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<i>8/26/96</i>		<i>2/27/97</i>
4.	FEI Number	Applied For	
	<i>N/A</i>	<input type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B1	Name	<i>SHARE LITTLE</i>	
B2	Street Address (P.O. Box Number is Not Acceptable)	<i>6941 BAY DRIVE A-5</i>	
B3			
B4	City	<i>MIAMI BEACH</i>	FL
B5	Zip Code	<i>33141</i>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Share Little* **SHARE LITTLE** DATE *9/23/97*

12. OFFICERS AND DIRECTORS

TITLE	<i>DORON VALERO</i>	<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>ALAN J. MARCUS</i>	<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>ANA J. PEROZO</i>	<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>PRESIDENT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>ANA FERNANDEZ "D"</i>	
1.3 STREET ADDRESS	<i>6941 BAY DR.</i>	
1.4 CITY-ST-ZIP	<i>MIAMI BEACH, FL. 33141</i>	
2.1 TITLE	<i>VICE PRESIDENT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>VILMA SEVILLA "D"</i>	
2.3 STREET ADDRESS	<i>6941 BAY DR.</i>	
2.4 CITY-ST-ZIP	<i>MIAMI BEACH, FL. 33141</i>	
3.1 TITLE	<i>TREASURER</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>SHARE LITTLE "D"</i>	
3.3 STREET ADDRESS	<i>6941 BAY DR</i>	
3.4 CITY-ST-ZIP	<i>MIAMI BEACH, FL. 33141</i>	
4.1 TITLE	<i>SECRETARY</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>YASMIN VALDES</i>	
4.3 STREET ADDRESS	<i>6941 BAY DR</i>	
4.4 CITY-ST-ZIP	<i>MIAMI BEACH, FL. 33141</i>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<i>800002320808--7</i>	
5.4 CITY-ST-ZIP	<i>-10/15/97--01052--028</i>	
6.1 TITLE	<i>*****61.25</i>	<input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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; the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *Share Little* DATE *9/2/97* DAYTIME PHONE # *529-1274*

CR2E037 (9/96)