
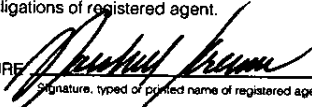
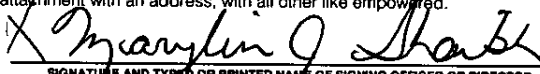


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90031 001 ****70.00

DOCUMENT # N96000004504					
1. Entity Name NORMANDY PALMS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6941 BAY DRIVE A-3 MIAMI BEACH, FL 33141			Mailing Address C/O ASSOCIATION MANAGEMENT GROUP P.O. BOX 630280 MIAMI, FL 33163-0280		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0696474	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KREMAN, MARSHALL 500 WEST CYPRESS CREEK ROAD SUITE 230 FT. LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 3/6/04	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, STEVE		NAME	GUSTAVO ARCIO	
STREET ADDRESS	6941 BAY DRIVE, C-3		STREET ADDRESS	6941 BAY DRIVE	#C4
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	APRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAIKH, MARYLIN		NAME		
STREET ADDRESS	6941 BAY DRIVE, C-6		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/SIT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, BLAKE		NAME		
STREET ADDRESS	6941 BAY DRIVE, A-3		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 like empowered.					
SIGNATURE: 				DATE 3/4/04 205-792 0053	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	