


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90205 041 ****61.25

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 C/O USA SERVICES	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2771 Treasure Cove Circle	
City & State		City & State Fort Lauderdale, FL	
Zip	Country	Zip	Country
33312		33312	Broward
4. FEI Number 65-0696474		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KREMAN, MARSHALL 500 WEST CYPRESS CREEK ROAD SUITE 230 FT. LAUDERDALE, FL 33309		Name PAUL SHAPIRO Street Address (P.O. Box Number is Not Acceptable) 2771 Treasure Cove Circle City Fort Lauderdale FL Zip Code 33312	
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 <u>Paul Shapiro</u>		DATE <u>4/13/05</u>	
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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCIO, GUSTAVO	NAME	
STREET ADDRESS	6941 BAY DRIVE C4	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input 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	DST <input type="checkbox"/> Delete	TITLE	<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	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew Rosendahl	NAME	Andrew Rosendahl
STREET ADDRESS	6941 Bay Dr Apt C5	STREET ADDRESS	6941 Bay Dr. Apt C5
CITY-ST-ZIP	Miami Beach FL 33141	CITY-ST-ZIP	Miami Beach FL 33141
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: <u>Marylin J. Shaikh</u>		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			