


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90190 046 \*\*\*\*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 USA SERVICE  
 2771 TREASURE COVE CIRCLE  
 FORT LAUDERDALE, FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04212006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0696474**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SHAPIRO, PAUL  
 2771 TREASURE COVE CIRCLE  
 FORT LAUDERDALE, FL 33311**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<del>DVP</del> member at large <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCIO, GUSTAVO
STREET ADDRESS	6941 BAY DRIVE C4
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	DP <input type="checkbox"/> Delete
NAME	SHAIKH, MARYLIN
STREET ADDRESS	6941 BAY DRIVE, C-6
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	DST <input type="checkbox"/> Delete
NAME	FISHER, BLAKE
STREET ADDRESS	6941 BAY DRIVE, A-3
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	DT <input checked="" type="checkbox"/> Delete
NAME	ROSENDAHL, ANDREW
STREET ADDRESS	6941 BAY DR. APT. C5
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	<del>DVP</del> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>Bob Jones</del>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ron Sequeiros
STREET ADDRESS	6941 Bay Dr. B-2
CITY-ST-ZIP	Miami Beach FL 33141
TITLE	Bob Jones Member at large <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Jones
STREET ADDRESS	6941 Bay Dr. A-2
CITY-ST-ZIP	Miami Beach FL 33141
TITLE	Member at large. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Quintero
STREET ADDRESS	6941 Bay Dr. B-4
CITY-ST-ZIP	Miami Beach FL 33141
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Marylin J. Shaikh **Marylin J. Shaikh** 04/24/2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305 867 0480