## **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



	IDT PALING CONDOMINATOR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
6941BAY DRIVE A-3		Mailing Address C/O USA SERVICE 2771 TREASURE COVE CIRCLE FORT LAUDERDALE, FL 33312						
2. Principal Place of Business 3. M		3. Mailing Address	. Mailing Address		<u>                                    </u>	[   <b>                                  </b>	<b>                                    </b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212006 C	hg-NP CR2E	037 (11/05)		
City & State		City & State	City & State		4. FEI Number Applied For 65-0696474 Not Applicable			
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Addi		
	6. Name and Address of Current	Registered Agent		7. Name and Add	dress of New Registered	d Agent		
SHAPIRO, PAUL			Name	Name				
	ASURE COVE CIRCLE JDERDALE, FL 33311		Street Address		Not Acceptable)			
	, , , , , , , , , , , , , , , , , , , ,							
			City		F	L Zip Code	3	
	named entity submits this statement for	r the purpose of changing its req	gistered office or r	egistered agent, or both, in	the State of Florida. I ar	m familiar with,	and accept	
the obligat	ions or registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature	e required when reinstating)	DATE			
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.			· · · · · · · · · · · · · · · · · · ·		
į	-			\$5.00 May Be Added to Fees		ck payable to artment of St		
10.	Due by May 1, 2006  OFFICERS AND DIR	Trust Fund Cor	11.	Added to Fees  ADDITIONS/CHANG		artment of St	late	
TITLE	OFFICERS AND DIE	Trust Fund Cor	11.  TITLE	Added to Fees  ADDITIONS/CHANG	Florida Dep	artment of St	late	
·	OFFICERS AND DIE OFFICERS AND DIE OFFI	Trust Fund Cor	11.  TITLE	ADDITIONS/CHANG BVP Ron Seque 6941 Bay	Florida Dep SES TO OFFICERS AND I	artment of St	late	
TITLE NAME STREET ADDRESS	OFFICERS AND DIE  OFFICERS AND	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANG  BYP  Roy Seque	Florida Dep  SES TO OFFICERS AND I  OVER S  OV	artment of St DIRECTORS IN Change	late	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIE  OFFICERS AND	Trust Fund Cor RECTORS Large Trust Mange	THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees  ADDITIONS/CHANG  BVP  Roy Seque  6941 Bey  Miami Ob  Bolo Jone  6941 Bay	Florida Dep SES TO OFFICERS AND I TO S Dr. 13-3 Member a Dr. A-2	Change	I 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIE  OFFICERS AND	Trust Fund Cor RECTORS Large Trust Mange	THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees  ADDITIONS/CHANG  BVP  Ron Seque  6941 Bey  Miann Ob  Bolo Jone	Florida Dep SES TO OFFICERS AND I TO S Dr. 13-3 Member a Dr. A-2	Change	I 10 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE  OFFICERS AND	Trust Fund Cor  RECTORS  A crass  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Added to Fees  ADDITIONS/CHANCE  BYP  ROY Seque  6941 Bey  Miami Be  6941 Bay  Miami B  Miami B	Florida Dep SESTO OFFICERS AND I TO S Dr. 13-2 Schember 16 Dr. A-2 each FL targe.	Change  Change  Change	I 10  ☐ Addition  ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006  OFFICERS AND DIE  ARCIO, GUSTAVO 6941 BAY DRIVE C4  MIAMI BEACH, FL 33141  DP SHAIKH, MARYLIN 6941 BAY DRIVE, C-6  MIAMI BEACH, FL 33141  DST FISHER, BLAKE 6941 BAY DRIVE, A-3  MIAMI BEACH, FL 33141	Trust Fund Cor  RECTORS  A a ga Tronge  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANCE  BYP  ROY Seque  6941 Bey  Miami Be  6941 Bay  Miami B  Miami B	Florida Dep SESTO OFFICERS AND I TO S Dr. 13-2 Schember 16 Dr. A-2 each FL targe.	Change  314/ Change  3314/ Change	Late  1 10  ☐ Addition    Addition   Addition	
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12. Thereby 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: NAME OF SIGNING OFFICER OR DIRECTOR TYPED OR PRINTE 305 867 048D