

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2009  
Secretary of State**

DOCUMENT# N96000004504

Entity Name: NORMANDY PALMS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6941 BAY DRIVE  
A-3  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

6941 BAY DRIVE  
A-3  
MIAMI BEACH, FL 33141

**New Mailing Address:**

FEI Number: 65-0696474      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BASS, MICHAEL R ESQ.  
600 S. ANDREWS AVENUE  
6TH FLOOR  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: GUSTAVO, GOMEZ  
Address: 2343 CARTER AVENUE  
City-St-Zip: ST. PAUL, MN 55108 US

Title: DVP ( ) Delete  
Name: FISHER, BLAKE  
Address: 6941 BAY DR, A-3  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D/S ( ) Delete  
Name: MEJIA, AMPARO  
Address: 6941 BAY DRIVE, A-5  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO GOMEZ

P

04/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date