FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:11

DOCUMENT # 742253 (8)

1. Corporation Name
NORTH SHORE NORMANDY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1120 N. SHORE DRIVE NE ST. PETERSBURG, FL. 33701	1120 N. SHORE DRIVE NE ST. PETERSBURG, FL. 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1978
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-1812199 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

9. Name and Address of Current Registered Agent

MYERS, MARY ANN
1120 N. SHORE DRIVE NE
#502
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	LPD	1.1 TITLE	Director	XX Change ☐ Addition
NAME	THOMAS, ARIEL A.	1.2 NAME		
STREET ADDRESS	1120 NO SHORE DR NE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	BEVINS, LEON	2.2 NAME		
STREET ADDRESS	1120 N SHORE DR NE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	Secretary	☐ Change XX Addition
NAME	HAYES, WARREN	3.2 NAME		
STREET ADDRESS	1120 NO SHORE DR NE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	SWEENEY, GUY	4.2 NAME		
STREET ADDRESS	1120 NORTH SHORE DR., N.E.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST.PETERSBURG FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	President & Director	☒ Change ☐ Addition
NAME	~~MYERS, MARY, A~~	5.2 NAME	Sam McCammon	
STREET ADDRESS	~~1120 N SHORE DR NE~~	5.3 STREET ADDRESS	1120 North Shore Drive NE	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	5.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME	OK RF	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Guy D. Sweeney Director 2-13-95 523695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Business Phone #

0068361