FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

579816

(0)

DOCUMENT #
1. Corporation Name

NORMANDY ISLE BRIDGE CLUB, INC.

FILED
96 MAY -1 PM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Ruciness Maltine Address						1 10010 01111 10015 1010	1 18181 1184 9 111	Arail Biāji ajāji (
Principal Place of Business 1440 KENNEDY CAUSEWAY			Mailing Address 1440 KENNEDY CAUSEWAY						
MIAMI BEAC	- · · · · · · · · · · · · · · · · · · ·		IIAMI BEACH FL 30						
						3. Date Incorporated or Qualified			
2. Principal Plac	ce of Business	2a. M	lailing Address			4. FEI Number 59-1835852			Applied For Not Applicable
Suite, Apt. #,	, etc.		uite, Apt. #, etc.					\$8.7	5 Additional
22		27				5. Certificate of Status Des	red [Required
City & State		28	ity & State			6. Election Campaign Finar Trust Fund Contribution	naing 🔲		00 May Be led to Fees
Zip	Country	Zi	(F)	Country		8. This corporation has list			s 199.032,
24	25	29		30			Yes 1		
	9. Name and Address of Currer	nt Hegister	ed Agent		Name	10. Name and Address of	New Hegiste	ered Agent	
RARON	, RICHARD								
11077 BISCAYNE BLVD MIAMI FL 33161			82 Street Addr			dress (P.O. Box Number is Not Acceptable)			
				-				11	
				84	City			FL 85	Zip Code
11. Pursuant to or registered familiar with	the provisions of Sections 607.0502 diagent, or both, in the State of Flori , and agreet the obligations of, Sect	2 and 607.1 ida. Such cl tion 607.05	50ਫ, Florida Statu hange was authori 05, ਜੀਨਾਰਕ Stat ے	tes, the above r zed by the corp	named corpor oration's boa	ration submits this statement for ind of directors. I hereby accept t	the purpose the appointme	of changing it ent as register	s registered office ed agent I am
SIGNATURE:	The work of the first temperature of periods	, .		് ലിലേക്കും കയികുട		. It was a second		ai:	
12.	OFFICERS AN			13.	s a distriction and man	ADDITIONS/CHANGES			ORS IN 12
TITLE	T-P		DELETE	1.11ll.f	T				5909
NAME	REACH, JOAN			1.2 NAME		.∎. ~-∏:	7/05/96	01034	002
STREET ADDRESS	19312 NE 25TH AVE #173			1.3 STREET	ADDRESS				**56.84
C(1) - SI - Z(F	MIAMI BEACH FL			1.4 CITY - S	f - 21P	-			
TIFLE	ST		DELETE	2 1 THELE				Chang	e 🔲 Addition
NAME	KAST, VICKI L.			2 2 NAME					
STREET ADDRESS	336 N BIRCH RD #7D			2.3 STAFET	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL			2 4 CHY - S	(C-7)P				
TITLE	KAST, ROBERT J		TE DEL ETE	3 1 TITLE				☐ Chang	e 🔲 Addition
NAME CZOSEL ADDOUGO	336 N. BIRCH RD. #70			3.2 NAME	L IBDG &				
STREET ADDRESS	FT. LAUDERDALE FL			3.3 STREE	1				
CITY-ST-ZIP TITLE			DELETE	3.4 CHTY-5 4.1 TITLE	11-211			Chang	e
NAME				4.2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY - 5					11 4
TITLE			☐ DELETE	5 ' Tr' L F				Chang	PoilibbA 🔲 s
NAME				5.2 NAME					
STREET ADDRESS				5 3 STREET	ADDRESS				
CITY-S1-ZIP				5.4 CiTY - 5	ST - ZIP	11.			
TILE			Delete	6 1 Tif_£	\mathcal{I}_{i}	5/1/9/2 9/2/X4-0	131	☐ Chang	e 🔲 Addition
NAME				6.2 NAME		1.114 10.101 0	~ ·	/	4
STATE F ADDRESS				63 STREE		Da. VA	n ~~	. A 4	14/2 11
Crty-ST-ZiP	cortify that the information supplied	with this fil	no is valuatable for	6.4 City - 5		for the exemption stated in Sect	119 27/2V	k), Florida Sta	170410
certify that to oath; that I	reproy that the information supplies in the information indicated on this and amian officer or director of the corp Block 12 or Block 13 if changed, or	iual report o oration or th	ir supplemental an ne receiver ov trust	nual report is tri eo empowered	se and accur.	ate and that my signature shall h	rave the same	legal effect a Statutex and	s if made under that my name
SIGNATI	1		ich de	cul C.J.L	EA.	4/28/	7.6	866	05)
	SIGNATURE AND TYPED O	H PRINTED N	AME OF SIGNING OFFIC	LEH OR DIRECTOR		- D#-		Daytone Pha	· e #