## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 208839** 

Entity Name: NORMANDY VILLAGE UTILITY CO.

**FILED** Apr 26, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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7800 DELAROCHE DR

JACKSONVILLE, FL 32210 US

**Current Mailing Address: New Mailing Address:** 

7952 NORMANDY BLVD., SUITE 3 1702 LINDSEY RD JACKSONVILLE, FL 32221 US JACKSONVILLE, FL 32221

FEI Number: 59-6066966 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

LETIEN, DENISE L 6219 MÁGELLAN RD JACKSONVILLE, FL 32222 US

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: MSD

LETIEN, DOROTHY E Name: 8091 LOURDES DR S Address: City-St-Zip: JACKSONVILLE, FL 32210

Title:

OAKLEY, AGNES R Name: 7935 LIMOGES DR Address: JACKSONVILLE, FL 32210 City-St-Zip:

Title:

LIVENGOOD, E.F. Name: 2139 PATOU DR WEST Address: City-St-Zip: JACKSONVILLE, FL 32210

Title: PD

GMUCA, R F Name: Address: 8209 BAZAINE DR

City-St-Zip: JACKSONVILLE, FL 32210

Title:

Name: LEVEROCK, R.E. Address: 2042 MONTEAU DR JACKSONVILLE, FL 32210 City-St-Zip:

Title:

STUDY, NORMAN D Name: Address: 4631 MAGILL RD

City-St-Zip: JACKSONVILLE, FL 32219

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOROTHY E LETIEN MSD 04/26/2012