2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# 714893

Entity Name: NORMANDY PARK OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-1260881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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:	VPD	( ) Delete
Name:	REPPUCCI, GLADYS	
Address:	1449-5 NORMANDY PARK DRIVE	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	SD	( ) Delete
Name:	LEWIS, HELEN	
Address:	1453 NORMANDY PARK DRIVE UNIT 7	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	PD	( ) Delete
Name:	BLANCHARD, EARL	
Address:	1418-6 NORMANDY PARK DRIVE	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	( ) Delete
Name:	RHODENIZER, LESLIE	
Address:	1417 NORMANDY PK DR #7	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	( ) Delete
Name:	PARKS, GILBERT	
Address:	1430 NORMANDY PARK DR #5	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	TD	( ) Delete
Name:	SALEM, FRAN	
Address:	1449-6 NORMANDY PARK DRIVE	
City-St-Zip:	CLEARWATER, FL 33756	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	LARSON, SHARON	
Address:	1466-5 NORMANDY PARK DRIVE	
City-St-Zip:	CLEARWATER, FL 33756	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	THACKRAH, ALBERT	
Address:	1469-2 NORMANDY PK DR	
City-St-Zip:	CLEARWATER, FL 33756	
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 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: EARL BLANCHARD PD 04/05/2006

Electronic Signature of Signing Officer or Director — Date