

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714893

FILED
Feb 26, 2009
Secretary of State

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: LARSON, SHARON
Address: 1466-5 NORMANDY PARK DRIVE
City-St-Zip: CLEARWATER, FL 33756

Title: PD () Delete
Name: BARRETT, BERNARD
Address: 1427-2 NORMANDY PARK DRIVE
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: BROWN, RICHARD
Address: 1465-5 NORMANDY PARK DRIVE
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: ZILHAVER, KAREN
Address: 1430-7 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, SHARRON
Address: 1466-5 NORMANDY PARK DRIVE
City-St-Zip: CLEARWATER, FL 33756

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

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

Title: D (X) Change () Addition
Name: SALEM, FRAN
Address: 1449-6 NORMANDY PARK DR
City-St-Zip: CLEARWATER, FL 33756

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: BERNARD BARRETT

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date