

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

DOCUMENT # 719042 (4)

1. Corporation Name

ISLE OF NORMANDY CONDOMINIUM, INC.

FILED
JAN 23 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1145 NORMANDY DRIVE 205 MIAMI BEACH FL 33141	1145 NORMANDY DRIVE 205 MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/25/1970	08/09/1994
4. FEI Number	Applied For
59-1381119	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 MANAGER	
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

RONNI STEFAN
1145 NORMANDY DR.
205
MIAMI BCH FL 33139

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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 *Ronni Stefan* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEFAN, RONNI
STREET ADDRESS	1145 NORMANDY DR. 205
CITY-ST-ZIP	MIAMI BCH, FL 00000 FL 33141-2863
TITLE	T
NAME	GARRASTAZU, MIRTA
STREET ADDRESS	1145 NORMANDY DRIVE 205
CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	D
NAME	NATEL, ANNA
STREET ADDRESS	1145 NORMANDY DRIVE 302
CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	VP
NAME	STEFAN, RONNIE
STREET ADDRESS	1145 NORMANDY DR 205
CITY-ST-ZIP	MIAMI BCH, FL 00000 33141
TITLE	D
NAME	CASES, SARA
STREET ADDRESS	1145 NORMANDY DR APT. 202
CITY-ST-ZIP	MIAMI BCH, FL 00000 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALI LUGO	
1.3 STREET ADDRESS	1145 NORMANDY DR 301	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33141-2863	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARGARET FREUD	
6.3 STREET ADDRESS	1145 NORMANDY DR 303	
6.4 CITY-ST-ZIP	MIAMI BEACH FL 33141	

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)(b), 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: *Ronni Stefan - V. Pres.* 1-16-95 861-2861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR