

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719042 (4)

1. Corporation Name
ISLE OF NORMANDY CONDOMINIUM, INC.



Principal Place of Business
**1145 NORMANDY DRIVE
MANACER
MIAMI BEACH FL 33141**

Mailing Address
**1145 NORMANDY DRIVE
MANACER
MIAMI BEACH FL 33141**

3. Date Incorporated or Qualified
02/25/1970

3a. Date of Last Report
01/23/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1381119		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RONNI STEFAN 1145 NORMANDY DR. MIAMI BCH FL 33139				81 Name			
				82 Street Address (P.O. Box Not Allowed) 50001731565 03707/98 01126--012 ***61.25			
				83			
				84 City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUGO, ALI	1.2 NAME	LUGO, ALI
STREET ADDRESS	1145 NORMANDY DR. 301	1.3 STREET ADDRESS	1145 NORMANDY DR. 301
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	T	2.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRASTAZU, MIRTA	2.2 NAME	MAXIMO CAMINERO
STREET ADDRESS	1145 NORMANDY DRIVE 205	2.3 STREET ADDRESS	1145 NORMANDY DR. 206
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	D	3.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATEL, ANNA	3.2 NAME	NATEL ANNA
STREET ADDRESS	1145 NORMANDY DRIVE 302	3.3 STREET ADDRESS	1145 NORMANDY DR. 402
CITY-ST-ZIP	MIAMI BEACH FL 33141	3.4 CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	VP	4.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFAN, RONNIE	4.2 NAME	STEFAN, RONNI
STREET ADDRESS	1145 NORMANDY DR 205	4.3 STREET ADDRESS	1145 NORMANDY DR. 502
CITY-ST-ZIP	MIAMI BCH, FL 00000 33141	4.4 CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	D	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASES, SARA	5.2 NAME	RENBERTE LIMA
STREET ADDRESS	1145 NORMANDY DR APT. 202	5.3 STREET ADDRESS	1145 NORMANDY DR 501
CITY-ST-ZIP	MIAMI BCH, FL 00000 33141	5.4 CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	D	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREUD, MARGARET	6.2 NAME	JOHN COSTELLO
STREET ADDRESS	1145 NORMANDY DR. 303	6.3 STREET ADDRESS	1145 NORMANDY DR 205
CITY-ST-ZIP	MIAMI BEACH FL	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)(k), 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 - President 1-23-96 (305) 861-2861
Date: SG 3-4-96 Daytime Phone #

CR2E037 (12/95)