


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90220 046 \*\*\*\*61.25

**DOCUMENT # 719042**  
 1. Entity Name  
**ISLE OF NORMANDY CONDOMINIUM, INC.**



Principal Place of Business  
 1145 NORMANDY DRIVE  
 MIAMI BEACH, FL 33141

Mailing Address  
 1145 NORMANDY DRIVE  
 #501  
 MIAMI BEACH, FL 33141

**50054855**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

06302005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-1381119**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 LIMA, REMBERTO  
 1145 NORMANDY DR. APT #501  
 MIAMI BCH, FL 33139

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**


**10. OFFICERS AND DIRECTORS**

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PD                       | <input type="checkbox"/> Delete            |
| NAME           | LIMA, REMBERTO           |  |
| STREET ADDRESS | 1145 NORMANDY DRIVE #501 |  |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33141    |  |
| TITLE          | VD                       | <input type="checkbox"/> Delete            |
| NAME           | HASAMA, FRANCENE         |  |
| STREET ADDRESS | 1145 NORMANDY DRIVE #302 |  |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33141    |  |
| TITLE          | T                        | <input type="checkbox"/> Delete            |
| NAME           | ORTIZ, ROLAND            |  |
| STREET ADDRESS | 1145 NORMANDY DR #404    |  |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33141    |  |
| TITLE          | SD                       | <input type="checkbox"/> Delete            |
| NAME           | PETERS, LOURDES          |  |
| STREET ADDRESS | 1145 NORMANDY DR #403    |  |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33141    |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | CASES, SARAH             |  |
| STREET ADDRESS | 1145 NORMANDY DR #202    |  |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33141    |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | VARGAS, ILSA             |  |
| STREET ADDRESS | 1145 NORMANDY #406       |  |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33141    |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | TRAPP, DAVID             |  |
| STREET ADDRESS | 1145 NORMANDY DRIVE #303 |  |
| CITY-ST-ZIP    | MIAMI BEACH FL 33141     |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**  **6/30/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #