

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90264 040 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1381119**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIMA, REMBERTO  
1145 NORMANDY DR. APT #501  
MIAMI BCH FL 33139**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SERNA, RUBEN 1145 NORMANDY DRIVE #401 MIAMI BEACH FL 33141</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS PETERS, LOURDES 1145 NORMANDY DRIVE #403 MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT HASAMA, FRANCENE 1145 NORMANDY DRIVE MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV LIMA, RENBERTO 1145 NORMANDY DR #501 MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SARAH CASES 1145 NORMANDY DR #202 MIAMI BEACH, FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAVID ROSENFELD 1145 NORMANDY DR #504 MIAMI BEACH, FL 33141</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY LOURDES PETERS 1145 NORMANDY DR APT 403 MIAMI BEACH, FL 33141</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer FRANCENE D. HASAMA 1145 NORMANDY DRIVE APT 302 MIAMI BEACH, FL 33141</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT REMBERTO LIMA 1145 NORMANDY DR APT 501 MIAMI BEACH, FL 33141</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR SARAH CASES 1145 NORMANDY DR #202 MIAMI BEACH, FL 33141</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT DAVID ROSENFELD 1145 NORMANDY DRIVE #504 MIAMI BEACH, FL 33141</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **FRANCENE D. HASAMA** 02-11-03

CR2E037 (10/02)

305-819-6019