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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:12

DOCUMENT # 719089 (5)

1. Corporation Name
NORMANDY HOMEOWNERS ASSOC., INC.

Principal Place of Business	Mailing Address
1686 LAKE AVE. CLEARWATER FL 34616	1686 LAKE AVE. CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1970
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1312114 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

TANKEL, ROBERT L.
1150 CLEVELAND ST. #420
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	WHATFORD, JAMES	1.2 NAME	
STREET ADDRESS	1679 LAKE AVE., 9	1.3 STREET ADDRESS	KAPELLA, HELEN 1664 LAKE AVE. 3
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 34616
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	TARROU, BASIL	2.2 NAME	V
STREET ADDRESS	1660 LAKE AVE 1	2.3 STREET ADDRESS	TARROU, BASIL 1660 LAKE AVE 1
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 34616
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, BERTHA H.	3.2 NAME	TD
STREET ADDRESS	1636 LAKE AVE. #4	3.3 STREET ADDRESS	BENNETT, BERTHA H. 1636 LAKE AVE. 4
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 34616
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLETTE, IRENE M	4.2 NAME	S
STREET ADDRESS	1640 LAKE AVE 2	4.3 STREET ADDRESS	WILLETTE, IRENE M. 1640 LAKE AVE 2
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	CLEARWATER, FL 34616
TITLE	S	5.1 TITLE	D ☒ Change ☐ Addition
NAME	KAPELLA, HELEN	5.2 NAME	
STREET ADDRESS	1664 LAKE AVE. 3	5.3 STREET ADDRESS	WHATFORD, SUZANNE 1679 LAKE AVE. 4
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	CLEARWATER, FL 34616
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	HUHEEY, MARSHALL	6.2 NAME	
STREET ADDRESS	1632 LAKE AVE., 3	6.3 STREET ADDRESS	PATE, FRANCIS 1679 LAKE AVE. 2
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	CLEARWATER, FL 34616

D X CHANGE
SMITH, EDITH
1611 LAKE AVE. 1
CLEARWATER, FL 34616

14. I do hereby certify that the information supplied with this filing is voluntari certify that the information indicated on this annual report or supplemenl oath; that I am an officer or director of the corporation or the receiver or appears in Block 12 or Block 13 if changed, or on an attachment with or ...filed in Section 110.07(5)(b), Florida Statutes, I further ...nature shall have the same legal effect as if made under ...d by Chapter 617, Florida Statutes; and that my name

SIGNATURE: Helen G. Kapella 2/9/95 581-7841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HELEN G. KAPELLA

0066215