

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 719089 (5)

1. Corporation Name

NORMANDY HOMEOWNERS ASSOC., INC.



Principal Place of Business

**1686 LAKE AVE.
CLEARWATER FL 34616**

Mailing Address

**1686 LAKE AVE.
CLEARWATER FL 34616**

3. Date Incorporated or Qualified
03/03/1970

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **KAPELLA, HELEN**
STREET ADDRESS **1664 LAKE AVE 3**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **V** ☐ DELETE

NAME **TARROU, BASIL**
STREET ADDRESS **1660 LAKE AVE 1**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **TD** ☐ DELETE

NAME **BENNETT, BERTHA H.**
STREET ADDRESS **1636 LAKE AVE. #4**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **S** ☐ DELETE

NAME **WILLETTE, IRENE M**
STREET ADDRESS **1640 LAKE AVE 2**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE

NAME **WHATFORD, SUZANNE**
STREET ADDRESS **1679 LAKE AVE 4**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE

NAME **PATE, FRANCIS**
STREET ADDRESS **1679 LAKE AVE 2**
CITY - ST - ZIP **CLEARWATER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☐ Addition

NAME **Beard, Donald**
1.2 STREET ADDRESS **1652 Lake Ave. 4**
1.3 CITY - ST - ZIP **Clearwater, FL 34616**

2.1 TITLE **V** ☐ Change ☐ Addition

NAME **Kotrady, Terry**
2.2 STREET ADDRESS **1682 Lake Ave. 4**
2.3 CITY - ST - ZIP **Clearwater, FL 34616**

3.1 TITLE **TD** ☐ Change ☐ Addition

NAME **Kelly, James**
3.2 STREET ADDRESS **1650 Lake Ave. 4**
3.3 CITY - ST - ZIP **Clearwater, FL 34616**

4.1 TITLE **S** ☒ Change ☐ Addition

NAME **Smith, Edith**
4.2 STREET ADDRESS **1611 Lake Ave. 1**
4.3 CITY - ST - ZIP **Clearwater, FL 34616**

5.1 TITLE **D** ☒ Change ☐ Addition

NAME **Bennett, Bertha H.**
5.2 STREET ADDRESS **1636 Lake Ave. 4**
5.3 CITY - ST - ZIP **Clearwater, FL 34616**

6.1 TITLE **D** ☐ Change ☐ Addition

NAME **Carroscio, John**
6.2 STREET ADDRESS **1632 Lake Ave. 1**
6.3 CITY - ST - ZIP **Clearwater, FL 34616**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify to certify that the information indicated on this annual report or supplemental annual report is true and accurate oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald W. Beard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I further certify that the information indicated on this annual report or supplemental annual report is true and accurate effect as if made under oath, and that my name

**D
Slattery, Donald**
1682 Lake Ave. 8
Clearwater, FL 34616
581-7841
Home Phone #

CR2E037 (12/95)