

02191999-90089-042-\$61.25-\$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719089

1. Corporation Name
NORMANDY HOMEOWNERS ASSOC., INC.

Principal Place of Business Mailing Address
1681 LAKE AVE. 1681 LAKE AVE.
CLEARWATER FL 34616 CLEARWATER FL 34616

2. Principal Place of Business 2b. Mailing Address
2c. Subj. Apt. #, etc. 2d. Subj. Apt. #, etc.
2e. City & State 2f. City & State
2g. Zip 2h. Country 2i. Zip 2j. Country
3. Date Incorporated or Qualified
4. FEI Number
5. Certificate of Status Desired
6. Election Campaign Financing
7. Name and Address of New Registered Agent

DEFURIO, JAMES R ESO
% BECKER & BERKHOFF, P.A.
33 N. GARDEN AVE. SUITE 900
CLEARWATER FL 34615-4114

Name
Street Address (P.O. Box Number is Not Acceptable)
City
Zip Code

11. Pursuant to the provisions of Sections 617.0402 and 617.1506, 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 responsibility as registered agent, I am hereby sworn, and I am duly qualified, as required by Section 617.0403, Florida Statutes.

SIGNATURE
DATE
12. OFFICERS AND DIRECTORS
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY, ST, ZIP	12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY, ST, ZIP	12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY, ST, ZIP	12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY, ST, ZIP	12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY, ST, ZIP	12.21 TITLE 12.22 NAME 12.23 STREET ADDRESS 12.24 CITY, ST, ZIP
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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, with all other due empowers.

SIGNATURE: SIGNATURE REQUIRED
1-1149 (727) 581-7841

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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