2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Sep 06, 2000 8:00 am
Secretary of State
07-26-2000 90003 047 ****61.25
03-02-2000 90119 028 ****61.25

DOCUMENT # 719089

1. Entity Name

NORMANDY HOMEOWNERS ASSOC., INC.

Principal Place of Business	Mailing Address
1686 LAKE AVE. CLEARWATER FL 34616	~~C/O MIAMI MANAGEMENT~~ ~~1199 SAWGRASS CORP PARKWAY~~ ~~SUNRISE FL 33323~~ This is WRONG.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1686 S. LAKE AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER FL.	City & State
Zip: 33756 Country	Zip Country

4. FEI Number: 59-1312114 ☐ Applied For ☐ Not Applicable

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
~~SUSAN P. BAKALAR, P.A.~~ ~~2240 SW 70 AVENUE, SUITE C~~ ~~DAVIE FL 33317~~ This is WRONG.	Name: BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable): 5999 CENTRAL AVE., SUITE 104 City: ST. PETERSBURG FL Zip Code: 33710

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.

SIGNATURE: Ellen Hirsch de Haan, J.D. for the firm, as Agt 8/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
FOR THE FIRM

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAOLINI, ROBERT 1682 S LAKE AVE #6 CLEARWATER FL 33756	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WALTER Kuhlman 1651-1 S. LAKE AVE CLEARWATER FL 33756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT KELLY, JAMES 1650-4 S. LAKE AVENUE CLEARWATER FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROWER, FAYE 1646-4 S. LAKE AVENUE CLEARWATER FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, JOHN 1641-2 S. LAKE AVENUE CLEARWATER FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARROSICO, JOHN 1632-1 S. LAKE AVE CLEARWATER FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STEVENS, ROSE 1684-1 S. LAKE AVE CLEARWATER FL 33756	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KARL KNUDSEN 1666-1 S. LAKE AVE CLEARWATER FL. 33756	☐ Change ☒ Addition

CR2E037 (5/00)

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: James J. Kelly FEB 7-17-00 (727) 581-7841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #