

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-15-2004 90024 033 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # 719089 1. Entity Name NORMANDY HOMEOWNERS ASSOC., INC.					
Principal Place of Business 1686 S LAKE AVE CLEARWATER FL 33756			Mailing Address 1686 S LAKE AVE CLEARWATER FL 33756		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
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 BECKER, POLIAKOFF P.A 5999 CNETRAL AVE, STE 104 ST PETERSBURG FL	
7. Name and Address of New Registered Agent 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 <u><i>SAMP</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	P KERR, RICHARD 1659 S LAKE AVE S CLEARWATER FL 33756	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDITH SMITH 1679-2 LAKE AVE CLEARWATER FL 33756	☐ Change ☒ Addition <i>Secretary</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KELLY, JAMES 1650-4 S. LAKE AVENUE CLEARWATER FL 33756	☐ Delete <i>Treasurer</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LERRY FRIEND 1652-1 LAKE AVE CLEARWATER FL, 33756	☐ Change ☒ Addition <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGEMAN, PAT 1610-2 LAKE AVE. S CLEARWATER FL 33756	☐ Delete <i>President</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANICE GREENWALD 1662-6 LAKE AVE CLEARWATER FL 33756	☐ Change ☒ Addition <i>Vice President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JOHN 1641-2 S. LAKE AVENUE CLEARWATER FL 33756	☐ Delete <i>2nd Vice President</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRYON LOWE 1662-5 LAKE AVE CLEARWATER FL, 33756	☐ Change ☒ Addition <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROSO, 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	D KNUDSEN, KARL 1656 S LAKE AVE CLEARWATER FL 33756	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u><i>James J Kelly Treas.</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-15-04 (227) 581-7841 Date Daytime Phone #		