## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 08, 2007 8:00 am Secretary of State

AIIIIOAE REI ORI							Secretary of State				
DOCUMENT # 719089  1. Entity Name NORMANDY HOMEOWNERS ASSOC., INC.							03-08-2007 90004 024 ****61.25				
Principal Place of Business 1686 S LAKE AVE CLEARWATER, FL 33756		Mailing Address 1686 S LAKE AVE CLEARWATER, FL 33756					\$003140A				
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address			•						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					01052007	Chg-NP	CR2E	E037 (12/06)	
City & Stat	е	City & State					4. FEI Numbe 59-1312				pplied For ot Applicable
Zip	Zip Country		Zip		Country		5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Curren	t Register	ed Agent			7. Name and Address of New Registered Agent					
BECKER, POLIAKOFF P.A 5999 CNETRAL AVE, STE 104 ST PETERSBURG, FL					Name Street Address (P.O. Box Number is Not Acceptable)						
The above named entity submits this statement for the purpose of changing its ref					City		FL Zip Code				
the obligate	Signature, typed or printed name of registered agent.				ed Ottice or r	_		h, in the State of F	Torida, ta		, and accept
				Election Campaign Financing     Trust Fund Contribution.			\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENWALD, JANICE 1662 - 6 LAKE AVE CLEARWATER, FL 33756		Delete Delete		-					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLY, JAMES 1650-4 S. LAKE AVENUE CLEARWATER, FL 33756	, .	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOWE, BRYON 1662-5 LAKE AVE CLEARWATER, FL 33756	=	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP ANDERSON, JOHN 1641-2 S. LAKE AVENUE CLEARWATER, FL 33756	•	☐ Delete							☐ Change	Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: \_

BERGMAN, PAT

Director

1610-2 LAKE AVE

STREET ADDRESS 1668-2 Lake Ave.

CLEARWATER, FL 33756

Fran Heather

TITLE

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-\$T-Z!P

of the all other like empowered. James SIGNATURE AND TYPED ORA SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

20-07

☐ Addition

☐ Addition

Change