


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90073 049 \*\*\*\*61.25

<b>DOCUMENT # 719089</b> 1. Entity Name <b>NORMANDY HOMEOWNERS ASSOC., INC.</b>					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1312114</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BECKER, POLIAKOFF P.A.</b> <b>5999 CNETRAL AVE, STE 104</b> <b>ST PETERSBURG, FL</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENWALD, JANICE 1662 - 6 LAKE AVE CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roger Artish 1646-4 Lake Ave. Clwtr. FL 33756	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLY, JAMES 1650-4 S. LAKE AVENUE CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dorothy Miller 1684-5 Lake Ave. Clwtr. FL 33756	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOWE, BRYON 1662-5 LAKE AVE CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP ANDERSON, JOHN 1641-2 S. LAKE AVENUE CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERGMAN, PAT 1610-2 LAKE AVE CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEATHER FRAN 1668-2 LAKE AVE CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing 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.					
<b>SIGNATURE:</b> <i>James J Kelly</i>			1-17-08 (727) 581-7841		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		