


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

01-18-2005 90030 048 ****61.25

DOCUMENT # 742253
 1. Entity Name
 NORTH SHORE NORMANDY ASSOCIATION, INC.



Principal Place of Business
 1120 N. SHORE DRIVE NE
 ST. PETERSBURG, FL 33701

Mailing Address
 1120 N. SHORE DRIVE NE
 ST. PETERSBURG, FL 33701

66001904



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02102005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1812199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STANG, BRADLEY T 1120 N SHORE DR NE SAINT PETERSBURG, FL 33701		Name <u>Michael Lyons</u> Street Address (P.O. Box Number is Not Acceptable) <u>1120 North Shore Dr. NE #1104</u> City <u>St. Petersburg</u> FL Zip Code <u>33701</u>	

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 Michael R. Lyons DATE 2/10/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD	OZIMONK, MARY 1120 N SHORE DR NE #503 SAINT PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Delete	TITLE Secretary	Julie Feeley <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1120 North Shore Dr NE #1003 ST. Petersburg, FL 33701
TITLE TD	LYONS, MIKE 1120 N SHORE DR NE #1104 ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	BUSHEY, JERRY 1120 N SHORE DR NE #1004 ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	PANYARD, BEN 1120 N SHORE DR NE #1102 SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ben Panyard
TITLE PD	STANG, BRAD 1120 N SHORE DR NE #702 SAINT PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Diana Blomgren 1120 North Shore Dr NE #502 St. Petersburg, FL 33701

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: Michael R. Lyons Michael R Lyons DATE 2/10/05 DAYTIME PHONE # 727-397-6614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #