


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90090 037 \*\*\*\*61.25

<b>DOCUMENT # 742253</b> 1. Entity Name <b>NORTH SHORE NORMANDY ASSOCIATION, INC.</b>					
Principal Place of Business 1120 N. SHORE DRIVE NE ST. PETERSBURG, FL 33701			Mailing Address 1120 N. SHORE DRIVE NE ST. PETERSBURG, FL 33701		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>59-1812199</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LYONS, MICHAEL</b> 1120 N SHORE DR NE #1104 SAINT PETERSBURG, FL 33701			Name <i>Holida, Isla P. Mya</i> Street Address (P.O. Box Number is Not Acceptable) <i>11350-66 St. No. #124</i> City <i>Largo</i> <b>FL</b> Zip Code <i>33773</i>		
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 <i>Robert A. Barack</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<i>ROBERT A. BARACK</i> <i>01/30/06</i> <small>(NOTE: Registered Agent signature required when reinstating.)</small> DATE		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to 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 <input type="checkbox"/> Delete <b>FEELEY, JULIE</b> 1120 NORTH SHORE DR NE #1003 SAINT PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Troy, Betsy MAE</b> 1120 N. Shore Dr. NE # 801 ST. Petersburg, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete <b>LYONS, MIKE</b> 1120 N SHORE DR NE #1104 ST. PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JERRY BUSHEY</b> 1120 N. SHORE DR., N.E. # 1004 ST. PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPD</del> <input type="checkbox"/> Delete <b>BUSHEY, JERRY</b> 1120 N SHORE DR NE #1004 ST. PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VAD</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <del>Bloomgren, Diana</del> <del>1120 N Shore Dr NE #502</del> <del>St. Petersburg, FL 33701</del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete <b>PANYARD, BEN</b> 1120 N SHORE DR NE #1102 SAINT PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SHEILA PANYARD</b> 1120 N. SHORE DRIVE # 1102 ST. PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>BLOMGREN, DIANA</b> 1120 NORTH SHORE DR NE #502 SAINT PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>Betsy Mae Troy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>1/24/06</i> <i>895-1951</i> <small>Date                      Daytime Phone #</small>		