2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

Pincopal Place of Business	DOCUMENT # 742253 1. Entity Name NORTH SHORE NORMANDY ASSOCIATION, INC.				02	-06-2006 90	0090 037 ****61	.25
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired \$8.75 Additional Free Required \$8.75 Additional Free Required Fill Associated agent LYONS, MICHAEL 1120 N SHORE DR NE #1104 SAINT PETERSBURG, FL 33701 City (Arg. FL Zig Code) The Device named entity submits trits statement for the purpose of chenging its registered of citics or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of	1120 N. SHORE DRIVE NE 1120 N. SHORE DRIVE NE				1000 000 000	210 1611 2 1162 1111	81811 91811 81811 81811 81811 81811	
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S9-1812199 Not Applicable S9-1812199 Not Applicable S8-15 Additional Fee Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112006 Ch	g-NP	CR2E037 (11/05)	
S. Cerificate of Status Desired Fee Required Fe	City & State		City & State			9	<u> </u>	-'
Name Hcl.Ja, Jol. Co. Muft Street Address (P.O. Ray Number is Not Acceptable) 1120 N SHORE DR NE #11104 SAINT PETERSBURG, FL 33701 City (Arg. FL Zig Code 173 30 6 6 6 FL No. City (Arg. FL Zig Code 173 30 77 2 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 sam familiar with, and accept the obligations of registered agent. SIGNATURE FILE Zig Code 173 30 77 2 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 sam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sam familiar with, and accept the obligations of registered agent. SIGNATURE FILE SQ Added to Florida Department of State 10. OFFICERS AND DIRECTORS 9. Election Campeign Financing Trust Fund Contribution. 110. OFFICERS AND DIRECTORS 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10' TITLE NAME FEELEY, JULIE STREET ADDRESS 1120 NORTH SHORE DR NE #1104 STREET ADDRESS 1120 NSHORE DR NE #1104 STREET ADDRESS STREET	Zip	Country	Zip	Country	5. Certificate of Sta	itus Desired		
LYONS, MICHAEL 1120 N SHORE DR NE 11120 N SHORE DR NE 1120 N SHORE DR NE #1104 STRET ADDRESS STRET		6. Name and Address of Current Re	egistered Agent	Name		ess of New Re	gistered Agent	
### Addition #### Addition ####################################	LYONS, MICHAEL				Holiday Isla Pay Myf			
SAINT PETERSBURG, FL 33701 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 Signature Policy					dress (P.O. Box Number is N	lot Acceptable)	24	
8. The above named entity submits his 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 Signature Signature Signature in the purpose of changing its registered office or registered agent are the it applicable. NOTE: Registered Agent styreaus required when reinstating) Date		TERSBURG, FL 33701				·	,	
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				City (A/	70		FL Zip Cod	le 772
SIGNATURE Company Com			he purpose of changing its r			he State of Flor	rida. I am familiar with,	and accept
Signature, types of an privated name of ingulatives upon a control of language and an article applications. NOTE: Registered Apart Signature injurations. Date	the obligat سے	ions of registered agent.					1 1	
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NAME STREET ADDRESS OTTY-ST-ZP SAINT PETERSBURG, FL 33701 TILE UNONS, MIKE LYONS, MIKE STREET ADDRESS OTTY-ST-ZIP TILE NAME STREET ADDRESS TREET ADDRESS		Filing Fee is \$61.25	9. Election Cam	paign Financing	\$5.00 May Be		• •	
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE S FEELEY, JULIE 1120 NORTH SHORE DR NE #100 SAINT PETERSBURG, FL 33701 TD LYONS, MIKE 1120 N SHORE DR NE #1104 ST.PETERSBURG, FL 33701 -VPD- BUSHEY, JERRY 1120 N SHORE DR NE #1004 ST. PETERSBURG, FL 33701 P PANYARD, BEN 1120 N SHORE DR NE #1102 SAINT PETERSBURG, FL 33701 VP BLOMGREN, DIANA 1120 NORTH SHORE DR NE #502	9. Election Camparate Fund Contract Fund Fund Contract Fund Fund Fund Fund Fund Fund Fund Fund	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANGE TO TOY, Betsy M 120 N. Shore TERRY BUSH 1120 N. SHARE Blowgren, Di HID Shore TERRY BUSH 1120 N. SHARE VPD SHEILA PAI	FL 33 FL 33 FEY FL 33 FEY FL 33 FEY FL 32 FL 32 FEY FL 32 FL	Change	Addition Addition Addition

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.

BETSY MAE TROY

GNATURE:

//24/06

895-195/