
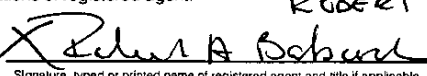
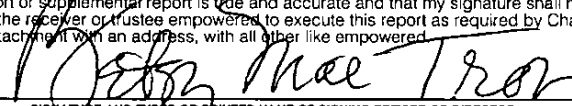


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90016 022 \*\*\*\*61.25

<b>DOCUMENT # 742253</b> 1. Entity Name <b>NORTH SHORE NORMANDY ASSOCIATION, INC.</b>					
Principal Place of Business <b>1120 N. SHORE DRIVE NE ST. PETERSBURG, FL 33701</b>			Mailing Address <b>1120 N. SHORE DRIVE NE ST. PETERSBURG, FL 33701</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>11350-66 St. No</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>124</b>			
City & State		City & State <b>LAgo FL.</b>			
Zip	Country	Zip <b>33773</b>	Country <b>Prinallan</b>	4. FEI Number <b>59-1812199</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LYONS, MICHAEL 1120 N SHORE DR NE #1104 SAINT PETERSBURG, FL 33701</b>			7. Name and Address of New Registered Agent Name <b>Holiday Island Prop Mgt</b> Street Address (P.O. Box Number is Not Acceptable) <b>11350-66 St. No.</b> <b>#124</b> City <b>LAgo.</b> <b>FL</b> Zip Code <b>33773</b>		
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. <div style="text-align: center;"> <b>ROBERT A. BARCOCK</b>            SIGNATURE _____ DATE <b>2/14/07</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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	<b>S</b> <b>FEELEY, JULIE</b> <b>1120 NORTH SHORE DR NE #1003</b> <b>SAINT PETERSBURG, FL 33701</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>TROY, BETSY M</b> <b>1120 N SHORE DR NE #1003 901</b> <b>ST. PETERSBURG, FL 33701</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>BUSHEY, JERRY</b> <b>1120 N SHORE DR NE #1004</b> <b>ST. PETERSBURG, FL 33701</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PANYARD, SHEILA</b> <b>1120 NORTH SHORE DR NE #1003 1102</b> <b>SAINT PETERSBURG, FL 33701</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>BUTLER, FRED, JULY</b> <b>1120 N. Shore Dr #803</b> <b>St Petersburg FL. 33701</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Betsy Troy</b>			Date <b>2/5/07</b> Daytime Phone # <b>727-995-1951</b>		