


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90008 002 ****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
**11350-66TH ST.
~~124~~
 ORMOND BEACH, FL 32173**

40056299



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
**11350-66 ST N
 #124
 LARGO, FL.
 33773**

City & State
 Zip Country

03182008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1812199

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HOLIDAY ISLAND PROP. MGMT.
 11350 66ST. N.
 #124
 LARGO, FL 33773**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	UPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEELEY, JULIE		NAME	Knowles Gary	
STREET ADDRESS	1120 NORTH SHORE DR NE #1003		STREET ADDRESS	1120 N Shore Dr NE 2206	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY-ST-ZIP	St Petersburg FL 33701	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROY, BETSY M		NAME		
STREET ADDRESS	1120 N SHORE DR NE #1104		STREET ADDRESS		
CITY-ST-ZIP	ST.PETERSBURG, FL 33701		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSHEY, JERRY		NAME	Buttle Field Judy	
STREET ADDRESS	1120 N SHORE DR NE #1004		STREET ADDRESS	1120 N. Shore Dr NE 803	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701		CITY-ST-ZIP	St Petersburg FL 33701	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	SID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANYARD, SHEILA		NAME		
STREET ADDRESS	1120 NORTH SHORE DR NE #502		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Betsy Mae Troy* **BETSY MAE TROY** 3/26/08 727-894-3139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #