

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742253

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: NORTH SHORE NORMANDY ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

11350-66TH ST. N  
124  
LARGO, FL 33773

**New Mailing Address:**

FEI Number: 59-1812199      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLIDAY ISLAND PROP. MGMT.  
11350 66ST. N.  
#124  
LARGO, FL 33773 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: KNOWLES, GARY  
Address: 1120 N H SHORE DR. NE  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: TD ( ) Delete  
Name: TROY, BETSY M  
Address: 1120 N SHORE DR NE #1104  
City-St-Zip: ST.PETERSBURG, FL 33701

Title: PD ( ) Delete  
Name: BATTLE FIELD, JUDY  
Address: 1120 N. SHORE DR NE 803  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S/D (X) Delete  
Name: PANYARD, SHEILA  
Address: 1120 NORTH SHORE DR NE #502  
City-St-Zip: SAINT PETERSBURG, FL 33701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: GRANGER, WALTER  
Address: 1120 NORTH SHORE DR. NE #404  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: TD/S (X) Change ( ) Addition  
Name: LANE, BARBARA  
Address: 1120 N SHORE DR NE #603  
City-St-Zip: ST.PETERSBURG, FL 33701

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY BUTTERFIELD

PRES

01/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date