

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 746048			
1. Entity Name NORMANDY SHORES YACHT AND COUNTRY CLUB, INC.			
Principal Place of Business 130 S. SHORE DRIVE MIAMI BEACH FL 33141 US		Mailing Address P O BOX 661554 MIAMI SPRINGS FL 33266 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES FL 33134		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 _____ (NOTE: Registered Agent signature required with filing) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINGRONE, ALBERTO J 130 S. SHORE DR APT 6F MIAMI BEACH FL 33141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000823314 02/20/08-80032-011 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERRMANN, CYNTHIA 130 S. SHORE DR. APT 4-A MIAMI BEACH FL 33141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST QUIROLA, MAGDA 130 S. SHORE DR APT 50 MIAMI BEACH FL 33141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Alberto J. Mingrone
ALBERTO J. MINGRONE 2/7/08