

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005976

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** NORMANDY PINELLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

16 PARADISE LANE  
TREASURE ISLAND, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

250 104TH AVENUE  
TREASURE ISLAND, FL 33706 US

**New Mailing Address:**

**FEI Number:** 20-3022410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HILL, LEONARD  
250 104TH AVENUE  
TREASURE ISLAND, FL 33706 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: DP ( ) Delete  
Name: BUNS, JACK E PR  
Address: 13100 PARK BLVD., STE. C  
City-St-Zip: SEMINOLE, FL 33776 US

Title: DS ( ) Delete  
Name: SPICOLA, HELEN SEC  
Address: P.O. BOX 273942  
City-St-Zip: TAMPA, FL 33688 US

Title: DP ( ) Delete  
Name: BRIDDY, PAUL  
Address: 14658 VILLAGE GLEN CIRCLE  
City-St-Zip: TAMPA, FL 33618

Title: DVT (X) Delete  
Name: LEWIS, STEVEN  
Address: 811 BRANDONBURG WAY  
City-St-Zip: LUTZ, FL 33548

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

Title: VPT (X) Change ( ) Addition  
Name: SIMONSEN, KRIS L  
Address: 8326 37TH AVE.  
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: S (X) Change ( ) Addition  
Name: PORTER, DAN  
Address: 13100 PARK BLVD. STE. C  
City-St-Zip: SEMINOLE, FL 33776 US

Title: P (X) Change ( ) Addition  
Name: BRIODY, PAUL  
Address: 14658 VILLAGE GLEN CIRCLE  
City-St-Zip: TAMPA, FL 33618

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: DAN PORTER

S

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date