

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90375 022 ****61.25

DOCUMENT # **N93000005801**

1. Entity Name
NORMANDY ISLES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
**2176 JOG ROAD
 GREEN ACRES FL 33415
 US**

Mailing Address
**PO BOX 541359
 LAKE WORTH FL 33466**

550979



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2328 S. Congress Ave

3. Mailing Address
2328 S. Congress Ave

Suite, Apt. #, etc.
Suite 1C

City & State
West Palm Beach FL

Zip
33406 Country
USA

4. FEI Number
65-0497667

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**POLLARD, RICHARD E
 1058 SALMON ISLE
 WEST PALM BEACH FL 33413**

7. Name and Address of New Registered Agent
St John, Dicker, Krivok & Core Pa
 Street Address (P.O. Box Number is Not Acceptable)
500 Australian Ave South
Suite 600
 City
West Palm Beach FL Zip Code
33401

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.

SIGNATURE **Ed Pollard of St John Dicker et al** DATE **5/7/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PSTV	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, LEONARD	
STREET ADDRESS	2176 JOG ROAD	
CITY-ST-ZIP	GREENACRES FL 33415	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEINBERG, LEONARD	
STREET ADDRESS	2176 JOG RD	
CITY-ST-ZIP	GREENACRES FL 33415	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAUGHN, ROSANNE	
STREET ADDRESS	2176 UDE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Clyde J	
STREET ADDRESS	1200 HATTERAS CIR	
CITY-ST-ZIP	West Palm Beach FL 33413	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ma looley, Michele	
STREET ADDRESS	1066 Salmon Isle	
CITY-ST-ZIP	West Palm Beach, FL 33413	
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dornieden, Vicki	
STREET ADDRESS	260 Malibu Cir	
CITY-ST-ZIP	West Palm Beach FL 33413	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aughes, Linda G.	
STREET ADDRESS	1175 HATTERAS CIR	
CITY-ST-ZIP	West Palm Beach FL 33413	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradshaw, Mark	
STREET ADDRESS	1301 Cape May Ln	
CITY-ST-ZIP	West Palm Beach FL 33413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE FOR MICHELE A. MA LOOLEY, Vicepres 4/26/01 561 797 5865**

CR2E037 (10/00)