2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006
Secretary of State

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Entity Name: NORMANDY ISLES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2328 S CONGRESS AVENUE
SUITE C
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

2328 S CONGRESS AVENUE
SUITE C
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 65-0497667 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILLEY, V. DONALD
860 US HIGHWAY ONE
SUITE 108
NORTH PALM BEACH, FL 33408 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:	SD	( ) Delete
Name:	BRADSHAW, KERRY	
Address:	1301 CAPE MAY LANE	
City-St-Zip:	WEST PALM BEACH, FL 33413	
Title:	TD	( ) Delete
Name:	HUGHES, LINDA G	
Address:	1175 HATTERAS CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33413	
Title:	PD	( ) Delete
Name:	SMITH, CLYDE J	
Address:	1200 HATTERAS CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33413	
Title:	VD	( ) Delete
Name:	MALOOLEY, MICHELE	
Address:	1066 SALMON ISLE	
City-St-Zip:	WEST PALM BEACH, FL 33413	
Title:	D	( ) Delete
Name:	KLEMANN, SUE	
Address:	1145 HAITERAS CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33413	
Title:	D	( ) Delete
Name:	HARTUNG, TIM	
Address:	1127 PENINSULA WAY	
City-St-Zip:	WEST PALM BEACH, FL 33413	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: CLYDE SMITH PD 03/02/2006

Electronic Signature of Signing Officer or Director — Date