


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90117 034 ****61.25

DOCUMENT # N94000000045 1. Entity Name NORMANDY VILLAGE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2 HARVARD CIRCLE SUITE 100 WEST PALM BEACH, FL 33409 US			Mailing Address 2 HARVARD CIRCLE SUITE 100 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-0323466	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent O'NEIL, SHEILA Rita Scott 2 HARVARD CIRCLE SUITE 100 WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent Name: Rita Scott Residential Realty Group Street Address (P.O. Box Number is Not Accepted): 2 Harvard Circle, #100 City: West Palm Beach FL Zip Code: 33409	
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: <i>Rita Scott, Rita Scott</i> DATE: 4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NEIL, SARNO 2050 NORMANDY CIR. WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FEJES, PATRICK 2049 NORMANDY CIR. WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ARLENE, SCOTT 2048 NORMANDY CIR. WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHANAK, MICHAEL 2013 NORMANDY CIRCLE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHANAK, MICHAEL 2013 NORMANDY CIRCLE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ANGELA POWELL 2052 NORMANDY CIRCLE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DENNIZ DILICAN 2008 NORMANDY CIRCLE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
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 the empowered.					
SIGNATURE: <i>Michael Shanak</i> DATE: 4/27/05 DAYTIME PHONE #: (561) 684-0543 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					