

N950000005217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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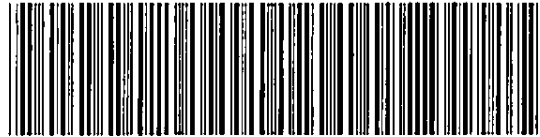
(Business Entity Name)

(Document Number)

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S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORMANDY AT PEMBROKE LAKES HOMEOWNERS ASSOC. INC
Name of Corporation

DOCUMENT NUMBER: N 95 00000 5217

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES J POPADAK
Name of Contact Person

T&G MANAGEMENT SERVICES INC
Firm/Company

18001 OLD CUTLER RD. #476
Address

PALMETTO BAY FL 33157
City/State and Zip Code

JAMES@TGMS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES J POPADAK at (305) 726-9643
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NORMANDY AT PEMBROKE LAKES
2. The principal office address: 18001 Old Cutler Road, Suite 476
PALMETTO Bay, FL 33157
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/03/1995 Document number: N9500000 5217

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Michael Rajtar
2004 Polk Street
Hollywood, FL 33020

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Brough, Chadron E Levine, RA.
2149 North Commerce Parkway
Weston, FL 33326

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

Signature of an officer or director

ADRIENE C. SULLIVAN - PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

July 8, 2024
Date

If signing on behalf of an entity:

DAVID L. BROUGH
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)