

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90251 043 \*\*\*150.00

**DOCUMENT # P01000116610**

1. Entity Name  
**NORMANDY II MANAGER INCORPORATED**



Principal Place of Business  
**308 CONTINENTAL PLAZA  
3250 MARY STREET  
COCONUT GROVE, FL 33133**

Mailing Address  
**308 CONTINENTAL PLAZA  
3250 MARY STREET  
COCONUT GROVE, FL 33133**

**54030758**

2. Principal Place of Business  
**501 CONTINENTAL PLAZA**

Suite, Apt. #, etc.  
**3250 MARY STREET**

City & State  
**COCONUT GROVE, FL**

Zip  
**33133**

Country  
**USA**

3. Mailing Address  
**501 CONTINENTAL PLAZA**

Suite, Apt. #, etc.  
**3250 MARY STREET**

City & State  
**COCONUT GROVE, FL**

Zip  
**33133**

Country  
**USA**



03312004 Chg-P CR2E034 (10/03)

4. FEI Number  
**APPLIED FOR 74-3028350**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**CRONIG, STEVEN C  
307 CONTINENTAL PLAZA  
3250 MARY STREET  
COCONUT GROVE, FL 33133**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City  
**FL**

Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, DANA 308 CONTINENTAL PLAZA COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, DAREN 308 CONTINENTAL PLAZA COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **04/09/04** Daytime Phone #: **(305) 344-0600**