

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 29, 2007 8:00 am
Secretary of State

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01042007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000166154 1. Entity Name NORMANDY HARBOR INSURANCE COMPANY, INC.					
Principal Place of Business 315 PLANT AVE TAMPA, FL 33606			Mailing Address 315 PLANT AVE TAMPA, FL 33606		
2. Principal Place of Business - No P.O. Box # 400 Arthur Godfrey Road		3. Mailing Address 400 Arthur Godfrey Road			
Suite Apt. # etc. Suite 508		Suite Apt. #, etc. Suite 508			
City & State Miami Beach, FL		City & State Miami Beach, FL			
Zip 33140	Country Dade	Zip 33140	Country Dade	4. FEI Number 65-1250086	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STILES, MARY ANN 315 PLANT AVE TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DCST GANZ, SIMON 5055 COLLINS AVE MIAMI BEACH, FL 33140 <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 KLEIN, BENJAMIN 1311 95TH BAY HARBOR ISLAND, FL <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 OSTAPCHUK, CAROL 5151 WILD ROSE WAY TALLAHASSEE, FL <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 ATKINS, KATHLEEN 1117 SAVANAH TR TALLAHASSEE, FL <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	D SIMCHA Y. FEUER 1688 UTICA AVE BROOKLYN NY. 11234 <input type="checkbox"/> Change <input checked="" 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 exemptions contained 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 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:			3/7/07 (941) 320-4064		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		