

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746769

FILED
Apr 24, 2012
Secretary of State

Entity Name: NORMANDY H ASSOCIATION, INC.

Current Principal Place of Business:

THE CONTINENTAL GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

THE CONTINENTAL GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 59-1991175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTLEY & MORTON, ATTORNEYS AT LAW, PA
800 VILLAGE SQUARE CROSSING STE 222
PALM BEACH GARDENS, FL 33410 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: VP
Name: LIEBERMAN, HERBERT
Address: 353 NORMANDY H
City-St-Zip: DELRAY BEACH, FL 33484

Title: T
Name: COHEN, LOUIS
Address: 345 NORMANDY H
City-St-Zip: DELRAY BCH, FL 33484

Title: D
Name: KORNBLATT, ESTA
Address: 337 NORMANDY H
City-St-Zip: DELRAY BEACH, FL 33484

Title: P
Name: HOROWITZ, SHEPARD
Address: 374 NORMANDY H
City-St-Zip: DELRAY BEACH, FL 33484

Title: D
Name: DRESKIN, IDA
Address: 347 NORHANDY H
City-St-Zip: DELRAY BEACH, FL 33484

Title: SEC
Name: GELMAN, EMILY
Address: 373 NORMANDY H
City-St-Zip: DELRAY BEACH, FL 33484

I hereby 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 all other like empowered.

SIGNATURE: SHEPARD HOROWITZ

PRES

04/24/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date