

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746770

1. Entity Name

NORMANDY I ASSOCIATION, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90144 001 \*\*\*\*61.25

0051395

Principal Place of Business

C/O S.F.L. SERVICES OF BOYNTON BEACH, INC.  
660 NW 10TH COURT  
BOYNTON BEACH FL 33426  
US

Mailing Address

C/O S.F.L. SERVICES OF BOYNTON BEACH, INC.  
660 NW 10TH COURT  
BOYNTON BEACH FL 33426  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3300 S. Congress Ave #17

City & State  
Boynton Beach FL

Zip  
33426

Country  
USA

3. Mailing Address

3300 S. Congress Ave

Suite, Apt. #, etc.

Suite 17  
City & State  
Boynton Beach, FL

Zip  
33426

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1981747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

S.F.L. SERVICES OF BOYNTON BEACH, INC.  
660 NW 10TH COURT  
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

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

3300 S. Congress Avenue  
Suite 17

City  
Boynton Beach

FL

Zip Code

33426

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FEINNE, WILLIAM	
STREET ADDRESS	391 NORMANDY I	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LESSIN, SYDNEY	
STREET ADDRESS	388 NORMANDY I	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEINMAN, IRVING	
STREET ADDRESS	404 NORMANDY I	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KROWITZ, HERBERT	
STREET ADDRESS	386 NORMANDY I	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	T	<input type="checkbox"/> Delete
NAME	GANDLE, NAOMI	
STREET ADDRESS	390 NORMANDY I	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLLACK, DAVID	
STREET ADDRESS	394 NORMANDY I	
CITY-ST-ZIP	DELRAY BEACH FL 33-4847	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE:

*Sydney Lessin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/01 (561) 736 7054

CR2E037 (10/00)