

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

| | |
|---|--|
| DOCUMENT # 746963 1. Entity Name NORMANDY S ASSOCIATION, INC. | |
|---|--|

| | |
|--|--|
| Principal Place of Business 1315 NW 8TH ST. BOYNTON BEACH FL 33426 US | Mailing Address 1315 NW 8TH ST. BOYNTON BEACH FL 33426 US |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business Suite, Apt #, etc City & State Zip | 3. Mailing Address Suite, Apt #, etc City & State Zip |
|--|--|



1st MOORE CR2E037 (10/04)

| | |
|---|---|
| 4. FEI Number 59-1951431 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WILSON, DANNY
1315 NW 8TH ST.
BOYNTON BEACH FL 33426

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | COHEN, DAVID |
| STREET ADDRESS | KINGS PT NORMANDY 883 |
| CITY - ST - ZIP | DELRAY BEACH FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | KARGER, RONALD |
| STREET ADDRESS | 905 NORMANDY S |
| CITY - ST - ZIP | DELRAY BEACH FL 33484 |
| TITLE | T <input type="checkbox"/> Delete |
| NAME | FELDMAN, ELAYNE |
| STREET ADDRESS | 876 NORMANDY S |
| CITY - ST - ZIP | DELRAY BEACH FL 33484 |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | SINGER, HORTY |
| STREET ADDRESS | 881 NORMANDY S |
| CITY - ST - ZIP | DELRAY BEACH FL 33484 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | JAFFE, SIDNEY |
| STREET ADDRESS | 890 NORMANDY S |
| CITY - ST - ZIP | DELRAY BEACH FL 33484 |
| TITLE | VD <input type="checkbox"/> Delete |
| NAME | FROST, SHELDON |
| STREET ADDRESS | 902 NORMANDY S |
| CITY - ST - ZIP | DELRAY BEACH FL 33484 |

| 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 | 1100000219114 |
| STREET ADDRESS | 02/08/05-80014-022 61.25 |
| 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)(f), 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: *[Signature]* **DAVID COHEN** 4/2/05 498 4 209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #