

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

01-23-2006 90041 047 ****61.25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILSON, DANNY 1315 NW 8TH ST. BOYNTON BEACH, FL 33426				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 re-registering) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President COHEN, DAVID KINGS PT NORMANDY 883 DELRAY BEACH, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Karger, Wendy Director 905 Normandys Delray Beach, FL 33484	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director KARGER, RONALD 905 NORMANDY S DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer FELDMAN, ELAYNE 876 NORMANDY S DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary SINGER, HORTY 881 NORMANDY S DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director JAFFE, SIDNEY 890 NORMANDY S DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO Vice Pres. FROST, SHELDON 902 NORMANDY S DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 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: <u>David Cohen</u> PRES					
Date <u>1/11/06</u>					

561 498 4209



ATTACHMENT

66002169

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2006

NORMANDY S ASSOCIATION, INC.
1315 NW 8TH ST.
BOYNTON BEACH, FL 33426 US

Subject: NORMANDY S ASSOCIATION, INC.

Reference Number:

746963

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION

Please call 561-742-0655 if you should have any other questions

Thanks. Laura Wilson
(Office Manager)

P.O. BOX 6327 - Tallahassee, Florida 32314