


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90017 007 \*\*\*\*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**

40030000



2. Principal Place of Business - No P.O. Box #  
**15300 Jog Road**

3. Mailing Address  
**P.O. Box 24464**

Suite, Apt. #, etc.  
**Suite # 109**

03052007 Chg-NP CR2E037 (12/06)

City & State  
**Delray Beach, FL**

City & State  
**Boynton Beach, FL**

Zip  
**33446**

Country  
**USA**

Zip  
**33424-4464**

Country  
**USA**

4. FEI Number  
**59-1951431**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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  
**Danny Wilson, Wilson Management**

Street Address (P.O. Box Number is Not Acceptable)  
**15300 Jog Road, Suite # 109**

City  
**Delray Beach**

State  
**FL**

Zip Code  
**33446**

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 *Danny Wilson* **Danny Wilson** **3/13/2007**

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

**Filing Fee is \$81.25**  
**Due by May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, DAVID KINGS PT NORMANDY S 883 NORMANDY S DELRAY BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARGER, RONALD 905 NORMANDY S DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FELDMAN, ELAYNE ELAINE 876 NORMANDY S DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINGER, MORTY MORTENSE 881 NORMANDY S DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARGER, WENDY 905 NORMANDY S DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P FROST, SHELDON 902 NORMANDY S DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LERNER, JUDITH 909 NORMANDY S DELRAY BEACH, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: *Morty Singer* **Morty Singer** **3/14/07** **561-499-3196**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #