

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90144 013 \*\*\*\*\*61.25

0052427

**DOCUMENT # 743713**

1. Entity Name

**NORMANDY A ASSOCIATION, INC.**

Principal Place of Business

CAMS  
 314 NE 3RD ST  
 BOYNTON BEACH FL 33435  
 US

Mailing Address

CAMS  
 314 NE 3RD ST  
 BOYNTON BEACH FL 33435  
 US

2. Principal Place of Business

SR Services of Boynton Beach, Inc.  
 3380 S Congress Ave  
 Suite 17

Mailing Address

Same

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33426

Country

USA

Zip

33426

Country

USA

4. FEI Number

59-1892549

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

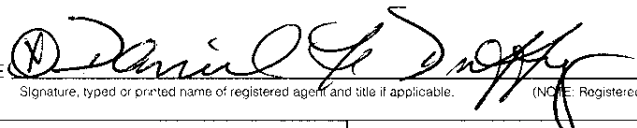
6. Name and Address of Current Registered Agent

HEIDLER, PATTI H., PA  
 12765 W FOREST HILL BLVD  
 STE 1312  
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name  
 SR Services of Boynton Beach, Inc.  
 Street Address (P.O. Box Number is Not Acceptable)  
 3380 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  DATE 4/18/01

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

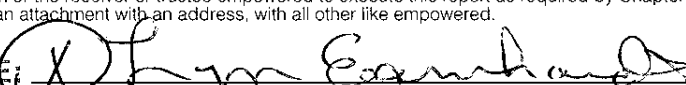
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ACQUAVIVA, JOSEPH	
STREET ADDRESS	5 NORMANDY A	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILK, BELLE	
STREET ADDRESS	22 NORMANDY A	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GENSLER, SAM	
STREET ADDRESS	10 NORMANDY A	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EHRlich, DAVID	
STREET ADDRESS	1 NORMANDY A	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEISBERGER, SOL	
STREET ADDRESS	6 NORMANDY A	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DROGIN, SYLVIA	
STREET ADDRESS	4 NORMANDY A	
CITY-ST-ZIP	DELRAY BEACH FL	

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 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-01 561-638-1201

CR2E037 (10/00)