## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

# **DOCUMENT# 743713**

Entity Name: NORMANDY A ASSOCIATION, INC.

### FILED Sep 09, 2004 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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C/O WILSON LANDSCAPING & MANAGEMENT C/O FIRST SOURCE MGMT. & ACCOUNTING 1315 N W 8TH STREET 1903 S. CONGRESS AVE. SUITE 160

BOYNTON BEACH, FL 33426 US BOYNTON BEACH, FL 33426

New Mailing Address: **Current Mailing Address:** 

C/O WILSON LANDSCAPING & MANAGEMENT C/O FIRST SOURCE MGMT. & ACCOUNTING 1903 S. CONGRESS AVE. SUITE 160 1315 N W 8TH STREET

BOYNTON BEACH, FL 33426 US BOYNTON BEACH, FL 33426

FEI Number: 59-1892549 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

### Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURR, ROBERT ESQ JAYSTEVEN LEVINE P A 2500 N MILITARY TRAIL STE 490 BOCA RATON, FL 33431 US

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

### Electronic Signature of Registered Agent

#### **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition EARNHARDT, LYN Name: Name:

37 NORMANDY A Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip:

Title: ( ) Delete Title: () Change () Addition

LEVY, ABE Name: Name: Address: 36 NORMANDY A Address: City-St-Zip: DELARY BEACH, FL 33484 City-St-Zip:

Title: () Delete Title: () Change () Addition

PORTER, CYNTHIA Name: Name: 27 NORMANDY A Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip:

Title: TD ( ) Delete Title: () Change () Addition

Name: GENSLER, SAMUEL Name: Address: 10 NORMANDY A Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

WEISBERGER, SOL RODOWITZ, DARYL Name: Name: 6 NORMANDY A 39 NORMANDY A Address: Address: City-St-Zip: DELRAY BEACH, FL City-St-Zip: DELRAY BEACH, FL 33484

Title: (X) Delete Title: () Change () Addition

DROGIN, SYLVIA Name: Name: Address: 4 NORMANDY A Address: DELRAY BEACH, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYN EARNHARDT **PRES** 09/09/2004